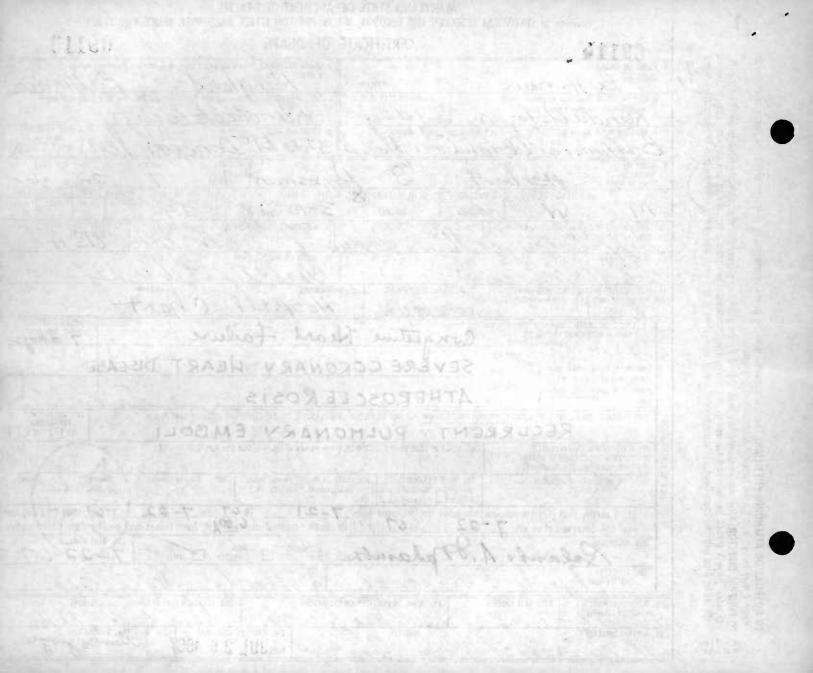
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH kk CERTIFICATE 09112The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funer remave carbon papers. Pages 1 an b. COUNTY Baltimore o. STATE o. COUNTY Baltimore 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore #18 Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 723 Gorsuch Avenue Baptist Home of Md. NO 3. NAME OF 4. DATE First Middle Last Manth Day Year DECEASED Carolyn Adam 1967 July DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years S. SFX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Olget birthday) Months Hours Female White Oct. 20,1871 WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Dietician COUNTRY? A. INDUSTRY Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or remaval Joel O. Adam Martha D. Brown IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na ar unknown) {(If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address burial-transit permit. 577-34-9600 Baptist Home of Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) þ DUE TO Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause by the haspital ar attending this certificate has been 3 shauld be detached for use as the with the State Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (Caunty) 20c. TIME OF INJURY Manth, Doy, Year foctory, street, office bldg., etc.) Haur o.m. Not While of wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 19 CO to Mels be retained 1967, and that death accurred at M. from causes and on the date stated abave saw the deceased alive an\_ 220. SIGNATURE STAFF M.D. DIRECTOR directar, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Byerly 5820 York Rd. Baltimore, 23a. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23b. DATE THEREOF Woodlawn, Md. 7-11-67 Woodlawn 24 FUNERAL DIRECTOR
Mitchell-Wiedefeld Home, Inc.
6500 York Rd. 21212 ADDRESS VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the funeral PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND filled in by the 10 72 hours after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If ourside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparote limits, write RURAL and give negrest town ve corbon popers. e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION (If nat in haspitol, give\_street address) ON A FARM? NO X NAME OF DATE Day Year completely DECEASED 61 DEATH 19 (Type or print) remove cor IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours 3-10 DIVORCED WIDOWED ond in any 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane during prost of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or removol, 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no. arunknown) (If yes give war ar dates of service) NENDEUR INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH on aestive IMMEDIATE CAUSE (o) signed by DUF TO buriol, HEART DISEASE SEVERE CORONARY Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse Poge 4 may be retained by the hospitol or offending be detoched for use as the State Dept. of Health prior to has been EROSCLEROSIS lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) RECURREN ULMONAR NO TO FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year Hour a.m. factory, street, office bldg., etc.) Nat While ot wark ot work 3 should be 21. I certify that (I) (this haspital) attended the deceased fram\_\_\_\_ 1967, to 7-22 1967, that (1) (we) last 1967, and that death occurred at 6:504M, from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING director, page 3 should be filed v DIRECTOR PHYS PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23 NAME OF CEMETERY OR CREMATORY 238. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL (Specify) REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. EMNERAL DIRECTOR **ADDRESS** 2Sb. VR A15 (4) 20 M 1/66 DATE



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o D D	Hea Hea	230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREC	OF 23	3c. NAME OF CEMETERY C	R CREMATORY	23	d. LOCATION (City ar Taw		(State)
_	TO FUNERAL Health ar ii		REMOVAL (Specify)	7/11/67	E	altimore Na	tional		Baltimore		IDO .
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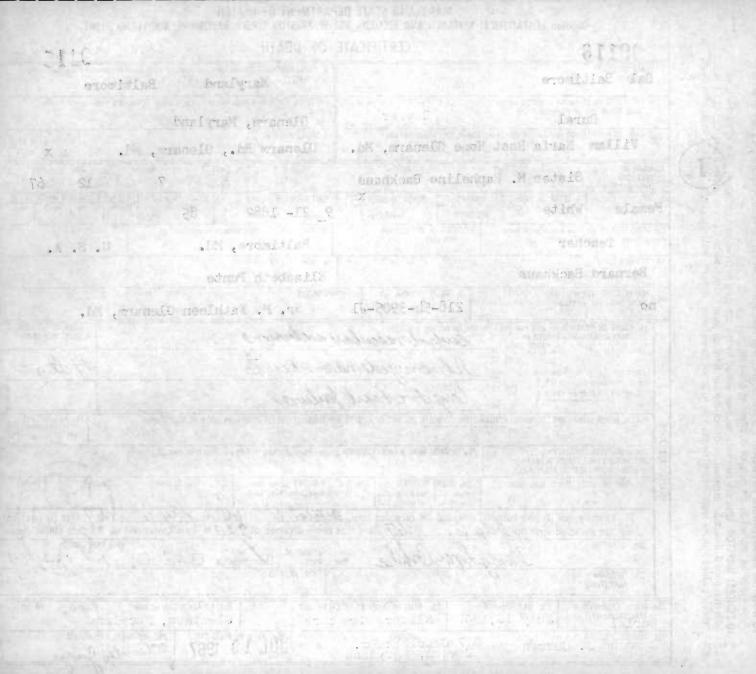
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09118 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. funerol 1 and er death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY filled in by the fun papers. Poges 1 ( thin 72 hours after c Baltimore MARYLAND Maryland Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by the Poges b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. write RURAL and give nearest town) Towson Baltimore - Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i St. Joseph's Hospital #21 222 YES NO X 3100 Cornwall NAME OF 3 Middle First 4. DATE Month Doy Year remove carbon completely DECEASED Bahorich Jr . DEATH Balby Boy July John 2 67 event, (Type or print) Joseph 19 9. AGE (In years lost birthdoy) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Hours 24 Male White July 2, 1967 ond in ony WIDOWED DIVORCED ond 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? U. S. A. during most of working life, even if retired) INDUSTRY attending physician sermit. Then please Baltimore, Maryland None None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, Joseph J. Bahorich Carol Ann Gravson 17. INFORMANT(Father) 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Addre Bundalk, Md. 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Joseph J. Bahorich, 3100 Cornwall Rd. No None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hydrocephalus IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the hospital or ottending os the prior to this certificate has been (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use NO X YES 1 Po 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detoched for the Dept. of H OR CONTRIBUTING CAUSE OF DEATH be detoched Stote Dept. c (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While While ot work ot work **DIRECTOR:** After 21. I certify that (this haspital) attended the deceased fram July 2, 1967, to July 2, 1967, that (we) loss saw the deceased alive an July 2, 1967, and that death accurred ap: IOP M, fram causes and an the date stated obove director, poge 3 should should be filed with the 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS. X July 3, 1967 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Imelda B. Salanio, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) Burial (Specify) 7/5/67 Gardens Of Faith Cem. Baltimore, Md. 9 250. HELD BY REGISTRAN 967 256. RESTRANS SIGNATURE 24. FUNERAL DIRECTOR John J. Duda, 7922 Wise Ave. Dundalk. Md. 25M 1/67 DATE

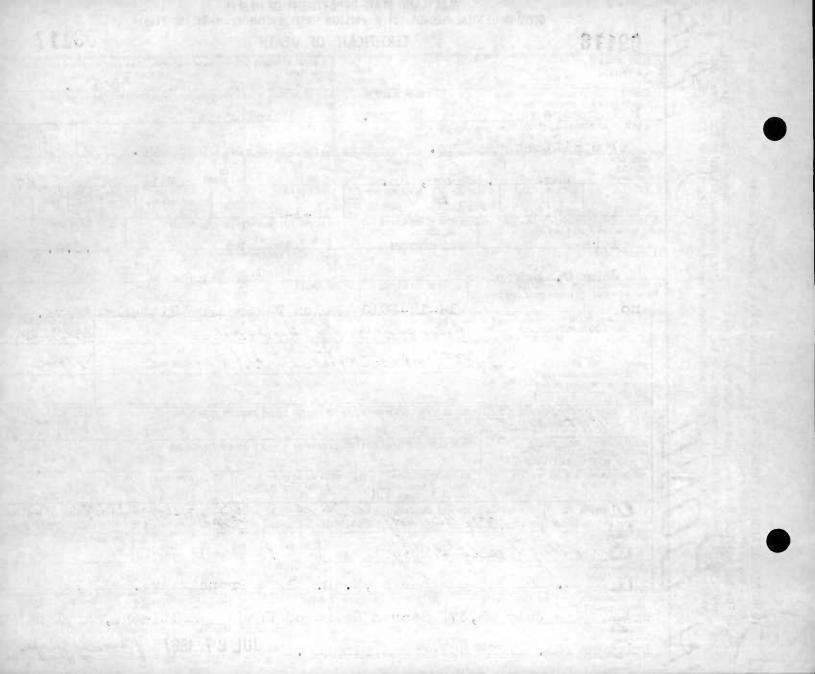
MARYLAND STATE DEPARTMENT OF HEALTH

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12. CITIZEN OF WHAT

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IF UNDER 24 HRS

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09113 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death filled in by the funeral papers. Pages 1 and 2 thin 72 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) a. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) Baltimore 21212 Towson 21204 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS hin 72 filled i 700 Woodbourne Ave. St. Joseph Hospital and completely f remove carbon NAME OF Middle 4. DATE event, wit First Month DECEASED BANKERD F. July PRESTON (Type or print) DEATH SEX 9. AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED Sast birthdoy) Months Male White Jan. 28.1908 and in any WIDOWED DIVORCED puo 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY please ottending physicion sermit. Then please GreenSpring Dairt Maryland
14 MOTHER'S MAIDEN NAME Retired -Salesman 13. FATHER'S NAME cremation, or remaval. Daniel Bankerd May Preston 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service No 213-05-7907 Mrs. Constance A. Bankerd 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-transit PART I. DEATH WAS CAUSED BY: Massive gastric hemorrhage IMMEDIATE CAUSE (o) Page 4 moy be retained by the hospital or ottending physicion. DUE TO signed buriol, Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse as the prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CATION this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor (City or town) foctory, street, office bldg., etc.) Not While of work to July 5 21. I certify that (this baspital) attended the deceased fram July 4 1967 DIRECTOR: saw the deceased atme an 220. SIGNATURE

Same INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES X NO (County) (Stote) 197, that M (we) last July 5 1967, and that death accurred at 58pM, from causes and an the date stated above. 22b. DATE SIGNED I July 6, 1967 DIRECTOR M.D. filed PHYS 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) M.S. Cockburn, M.D. 7620 York Rd., Towson, Md. 21204 director, should be 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) Burial (Specify) Dulaney Valley Mem. Grds. Timonium, REC'D BY REGISTRAR FUNERAL DIRECTOR & Sons Co. Millanles 196

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Division of STATISTICAL RESEAR	RCH AND RECORDS, 301 W. PRESTON STREET, B.	ALTIMORE, MARYLAND 21201
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d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give by the second of the seco		0. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	Middle RAME 4. D.	
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	OF BUSINESS OR 11 BIRTHPLACE (Caupty & State	or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even of farried)  13. FATHER'S NAME  15. FOR G. E. MAT	THEWS 14. MOTHER'S MAJDEN NAME	REED (D)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, grunknawn) (If yes give war ar dates af service)	CIAL SECURITY NO. 17. INFORMANT  RECORDS MOUNT	Address Wilson State Hospital
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, grunknown) (Iff yes give war ar dates af service)  18. CAUSE OF DEATH (Enter only one cause per line for (a part I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  OUE TO  Conditions, if any, which gove rise to immediate cause (o),  DUE TO	a) (b) and (c))	interval between onset and death
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove ) (b)		2093
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES \( \bigcap \) NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I o	
20c. TIME OF INJURY Month, Day, Year Hour a.m. While	Not While factory, street, affice bldg., etc.)	20f. (City or tawn) (Caunty) (State)
21. I certify that (I) (this haspitol) ottenders as we the deceased alive on	ed the deceased from C. A. 19	to 1907, that (I) (we) las
saw the deceased alive on 22a. SIGNATURE	M.D. PHYS. DIRECT	STAFF 22b. DATE SIGNED
22c. PHYSICIAN'S Wm NAME (Type) wcomer M.D. S	22d. ADDRESS	
p.m. 19 alwork  21. I certify that (I) (this haspitol) ottende saw the deceased alive on  22a. SIGNATURE  22c. PHYSICIAN'S WmAME (Type) Wcomer M. D. S  23a. BURIAL, CREMATION, REMOVAI (Specify) 23b. DATE THEREOF BULL SPECIFY 17 July 67	23c. NAME OF CEMETERY OR CREMATORY 23	d. LOCATION (City or Town) (County) (State) Aberdeen, (Har.) Md.
A15 (4) 24. FUNERAL DIRECTOR Tary	ADDRESS TO BY RE	

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CERTIFICATE OF DEATH

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The law requires that the deoth certificate be executed within 24 hours after death. funerol PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY b. COUNTY MARYLAND BALTIMORE MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give pearest town)
FORT HOWARD and completely filled in by the remove carban popers. Page any event, within 72 hours L2 DAYS BALTIMORE e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 1632 E. VETERANS ADMINISTRATION HOSPITAL NO A Middle NAME OF First DATE Manth Year event with DECEASED 1967 BARGET HENRY JULY WILLIAM (Type ar print) DEATH 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Ooys birthday) Haurs 8/18/94 and in any MALE WHITTE WIOOWEO DIVORCED and 10b. KIND DF BUSINESS DR 12. CITIZEN OF WHAT 10a. USUAL DCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
AGENT physicion a nen please BALTIMORE, MARYLAND 14 MOTHER'S MAIOEN NAME 13. FATHER'S NAME or removal. HENRY C. BARGET ELIZABETH ENGLAND 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND (Yes, na, ar unknawn) (If yes give war or dates af service 77 90 CLINICAL RECORDS, VAH, FT. HOWARD, 213 03 YES cremation, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09121 CERTIFICATE OF DEATH 00100 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ALTO MARYLAND Pages c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) COCUSON -70 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) e IS RESIDENCE ON A FARM? = d. STREET ADDRESS hin 72 W. COLD SPRING B010 HESAPEAKE YES NO D PHYSICIAN: The law requires that the death certificate be executed within NAME OF DECEASED First Middle 4. DATE Lost Year carban M. 1967 (Type or print) DEATH IF UNDER 1 YEAR S. SFX IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH remave birthdoy) Months Doys Hours and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? HEREFORD Housewell 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME ar removal, MAY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Horsosloe ard (Yes, no pronknown) (If yes give wor or dotes of service) burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Солешона IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the be retained by the haspital ar attending WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate has NO 🐼 ā 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work **DIRECTOR:** After , 1967 that (I) (we) last 21. 1 certify that (1) this hospital) attended the deceased fram 7/ 21 1967, ta 1967, and that death accurred at 940 PM, from couses and on the date stated above. 7/20 saw the deceased olive on 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. ADDRESS 3201 22d. 22c. PHYSICIAN'S FUNERAL FRANCIS CHARLES NAME (Type) directar, shauld b 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, OF CEMETERY OR CREMATOR' (Stote) REMOVAL (Specify) 9 VR A15 (4) 25M 1/67 DATE

9/3/ 200 CHESTERNE MARIN PROSESSION CONTRACTOR CONTRACTOR ALAK TILLIAN BURNER BURNER THE X SHEET YELL YELL Marine Francisco Co. 1110 AVERTON ASSESSMENT OF THE PARTY and the second of the second o The state of the second The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09123 09122CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

rural...Baltimore c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) lease remove-carban papers. Pages and in any event, within 72 hours af rural...Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3004 Texas Avenue 3001 Texas Avenue NO X NAME OF Middle 4. DATE Last Year DECEASED \*Windsboards Melford July 2, 1967 F. Baynes (Type ar print) DEATH 9. AGE (In years S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Months whi te Nov. 15, 1904. male DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retited)
Letired Machine Operator WesternElec. Co. COUNTRY? physician Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Charles Baynes Lillian 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknawn) (If yes give war or dates af service) (Same) Mrs. Louise D. Baynes 216-03-5724 burial, crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Ten cho was of the prostol thetastases IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stating the underlying couse this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? none NO K 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram 12.8, 1964, to 7.2, 1967, that (I) (we) last saw the deceased alive on 2.7, 1, 1967, and that death accurred at 11.57 M, from causes and on the date stated above. TO FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. 22c. PHYSICIAN'S Dr. Joseph Skloven 7122 Harford Rd., Balto.Co., Md. .21234 NAME (Type) 23d. LOCATION (City or Town)
Baltimore, Md. 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 7/6/67. Baltimore National Cem. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc...Baltimore City, Md..14 DATE JUL 3 VR A15 (4) 25M 1/67 Milianles Judge

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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OR ATTER be retaine DIRECTOR: ge 3 shauld led with th	9-	220 SIGNATURE	a Oll	1			ATTENDING -	MED.	STAFF	22b. DATE S		
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Page 4 1 Funer O Funer director should	230	BURIAL, CREMATIC REMOVAL (Specify BURIAL)	ON, 23b. DATE THE	FREOF	23c. NAME OF CEME			23d. LOCATION	, ,	'	unty) (Stot	e)
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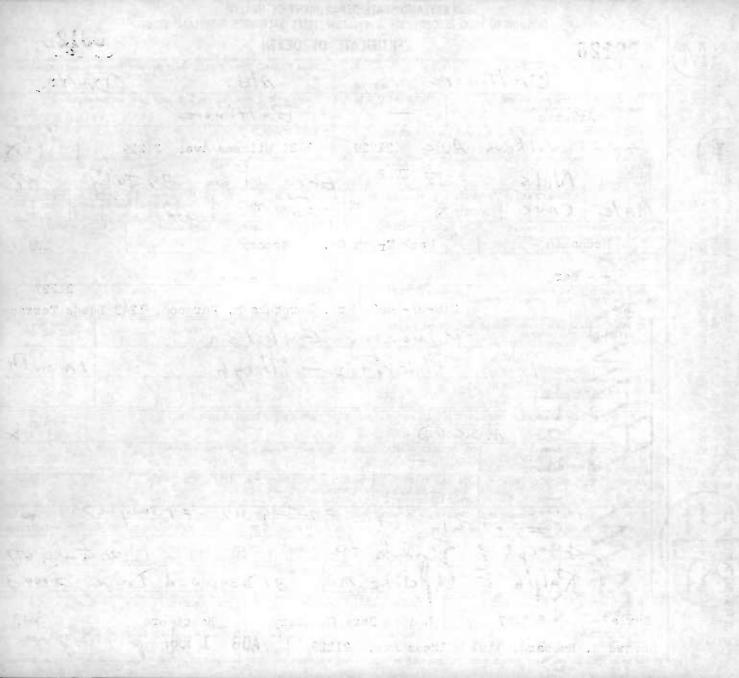
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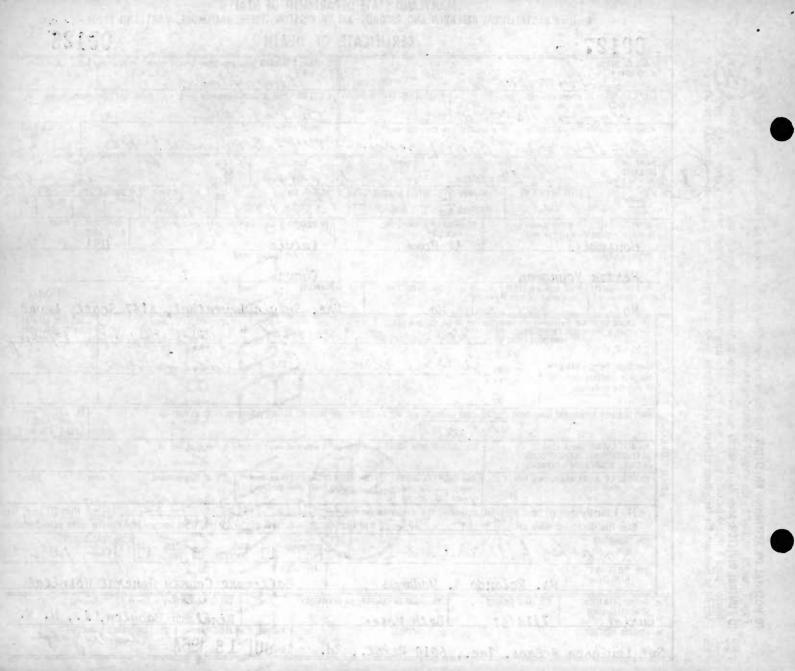
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09124 09125 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY ALTIMORE MARYLAND. b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b corporate limits, write RURAL and give negrest town Departi VISITING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Office alang with farm in Item 18. Give Pages NO haurs after death. Middle DATE Dov Year DECEASED OF DEATH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED AGE (In years LINDER 24 HRS lost birthdov) Months Hours hours after death WIDOWED 5 DIVORCED pages land 2 IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Examiner's Superviser McCormic Aspistuse Baltimore, Maryland pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Joseph Bender Mary Fuka 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT #12 Medical permit. (Yes, no, or, unknown) (If yes give wor or dates of service) within Mrs eanne Nerim 5913 Lock Raven 212-09-2670 Blvd. 18. CAUSE OF DEATH (Enter only one couse per line or (o) (b), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN he Chief event ONSET AND DEATH IMMEDIATE CAUSE (o' ward This certificate shauld DUE TO Conditions, if ony, which gove writing the to rise to immediate couse (a), = DUE TO stoting the underlying couse pup removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate, NO D 20o. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, please execute the (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page of work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted from: Natural causes Accident ... director. Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 7527 Belasi Rel 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) 50 REMOVAL (Specify) St. Joseph's Cemetery Baltimore. Burial Co. Md. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 6M 1/67 DATE

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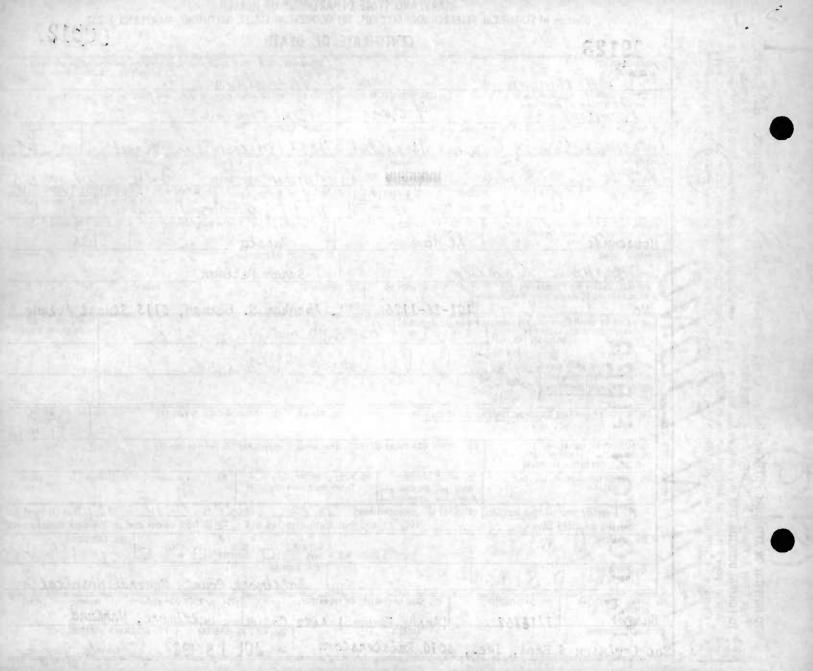
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

		DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, DALTIMORE, MARTLAND 21201	for:
		09126 CERTIFICATE OF DEATH	125
that the death certificate be executed within 24 hours after death an.  by the attending physician and campletely filled in by the funeral ransit permit. Then please remove carbon papers, Pages 1 and cremation, or removal, and in any event, within 22 hours after death cremation.		PLACE OF DEATH O. COUNTY  BALTINORE  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence bet o. STATE Md. b. COUNTY BA.	fore odmission)
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IG PHYSIC the hasp r this cert detached te Dept. a	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of w	(Stote)
renbin ned by R: After inid be the Stat		21. I certify that (1) (this haspital) attended the deceased from 29 July, 1962, to 29 July, 1962, sow the deceased from 29 July 1962 and that death occurred atM, from couses and on the deceased from 29 July 1962 and that death occurred atM, from couses and on the deceased from 29 July 1962 and that death occurred atM, from couses and on the deceased from 29 July 1962.	that (I) (was los
OR ATTE be retaine DIRECTOR ge 3 shoul led with th		220. SIGNATURE Colph 2. Typlike M.D. ATTENDING MED. STAFF 22b. DATE SIGNATURE M.D. PHYS. DIRECTOR PHYS. 30 T	uly 67
ITAL may RAL Pag be fi		22c. PHYSICIAN'S Ralph E. Uddike no 22d. ADDRESS 31 Dogwood Drive	21043
Page 4 I	230	o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Coun	nty) (Stote)
55 5 p 2		Burial 8/1/67 Loudon Park Cemetery Baltimore  4 FUNERAL DIRECTOR ADDRESS 250, REC'D, BY REGISTRAR'S SIGNAT	Md.
VR A15 (4)		4. FUNERAL DIRECTOR HOWARD H. Hubbard, 4107 Wilkens Ave. 21229  ADDRESS  250. RECID RY REGISTRAR 196-75b. REGISTRAR'S SIGNAT 196-75b. REGISTRA	Judge





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09128 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) humera law requires that the death certificate be executed within 24 haurs after de o. COUNTY o. STATI b. COUNTY Pages 1 ALTIMORE 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (IPoutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town filled in by TIMORE DALLS TO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO entrathin NAME OF carban 4. DATE Lost Doy Year signed by the attending physician and completely, burial-transit permit. Then please remove/carban DECEASED (Type or print) DEATH MAN 19 IF UNDER 1 YEAR S SFX 9. AGE (In veors IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Hours Wh WIDOWED X DIVORCED and in any 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Home Russia Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. Sarah Perlman BRAHAM 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 6113 Stuart Avenue Abraham S. Berman burial, crematian. 1B. CAUSE OF DEATH (Enter only one couse per lime for (o), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been use as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Health NO T 10 20o. ACCIDENT WAS UNDERLYING [1] 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 1B.) OR CONTRIBUTING CAUSE OF DEATH should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 should be detache shauld be filed with the State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Yeor (City or town) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot work L at work 21. I certify that (1) (this haspital) attended the deceased fram. 196°/, to , 1961, that (I) (we) last and that death occurred at 5:30 MM, from couses ond on the date stated above. sow the deceased glive on. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. **ATTENDING** M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL MON NAME (Type) Baltimore County General Hospital 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION REMOVAL (Specify)
Burial Baltimore, Markand Chaim 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Sol Levinson & Bros. Inc., 6010 Reisterstown 20 M 1/66 DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0912	3		CERTII	FICATE	OF DEATH		U	3120
1. PLACE OF DEAT	Н					Where deceosed lived, if ins		before odmission)
o. COUNTY	BALTO		MAR	YLAND	o. STATE ME	D. (	COUNTY BA	ILTO
	N (If outside corporate limits, and give nearest tawn)		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or	utside corporote limits, write	RURAL ond give r	neorest town)
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	PITAL OR INSTITUTION (IF not		ive street oddress)		d. STREET ADDRESS		WITTEN	e. IS RESIDENCE ON A FARM?
553	3 LAN HAN	n w	AY		55334	ANHAM	WAY	YES NO 2
3. NAME OF DECEASED (Type or print)	MAR GARE	T	Middle B	BE	Lost TZ	4. DATE OF TU	Month LY 13	Doy Year 1967
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	0   8	. DATE OF BIRTH	9. AGE (In year last birthdoy		YEAR IF UNDER 24 HRS. Doys Hours Min.
F	W	WIDOWED	DIVORCE		11/28/18	76 Y		Joys Hours Mill.
10o. USUAL OCCUPAT	ION (Give kind of work done ing life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, or foreign country)		EN OF WHAT
Hous	EWIFE				MO.		US	
13. FATHER'S NAME	<i>n</i> -	T- 10			14. MOTHER'S MAIDEN	NAME		
	TAEL FA		acial effectivity to	1 17 1			11	
(Yes, no, or unknow	EVER IN U.S. ARMED FORCES?  n) (If yes give wor or dotes of	service) 16. S	SOCIAL SECURITY NO.		NFORMANT		ddress	
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	DEATH (Enter only one cause EATH WAS CAUSED BY:	e per line for	(o), (b), ond (c).)	10	1. 11-	udent		ONSET AND DEATH
33/	IMMEDIATE CAUSE (d	,	and a	- Jay	and were	veren,		
Conditions, if o	DUE T							
rise to immed	iate couse (o),	b)						
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	NG CAUSE OF DEATH							
20c. TIME OF I	NJURY Month, Day, Yeor o.m. p.m. 19	20d. IN While of work	JURY OCCURRED  Not While of work		E OF INJURY (Home, form ory, street, office bldg., etc.		(Coun	ty) (Stote)
21. I ce	rtify that (I) (this hasp	ital) attend	gd the deceased	fram	July ,	19 6 0 to	7 , 19/9	What (I) (we) las
saw the	deceased alive an	7/12	/17_19	and that	death occurred at	420 M, from caus		
22o. SIGNATU	Il & fry	len	· D'	M.D		MED. STAFF DIRECTOR PHYS.	22b. DATI	14/67 ·
22c. PHYSICIA NAME (Ty		TJ	LYDEI	VM.	D 6402 G	FoldEN RI	NG-Rd	1-2/237
230. BURIAL, CREMA		REOF	23c. NAME OF CEM	ETERY OR C	REMATORY	23d. LOCATION (City of	r Town) (C	ounty) (Stote)
REMOVAL (Spec	194	167	- · · · · · · · · · · · · · · · · · · ·	LAN		BALTO		
24. FUNERAL DIRE	CTOR		ADDRESS		2So. REC	BY REGISTRAR 25b.	REGISTRAR'S SIG	NATURE
CONI	VELLY SO	INS	300	MA	CE DATE	1 1001	1	00

VR A15 (4) 20 M 1/66

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(		altimore		2. <b>USUAL RESIDENCE</b> (Where deceased lived, if institutio o. STATE b. COUNT					NTY		
	CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)			c. LENGTH OF STAY IN 16			limits, write RU	RAL and giv	ive nearest tawn)		
	For	t Noward		48 days	Balti	more			30	14	
(		AL OR INSTITUTION (If n				d. Street address 604 Reservoir Street				e IS RESIDENCE ON A FARM? YES NO	
1	NAME OF DECEASED (Type or print)	CEORGE	irst	Middle	BILLIPS, JR.	4. DATE OF DEATH	July	th	24 Doy		
S. S		6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 4/30/24	19.	AGE (In years last birthday)	IF UNDER Months		IF UNDER 24 Hours	
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13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				7-1-1			
	George 1	L. Billips			Manuale	Merrit	t				
	18. CAUSE OF DE PART I. DEAT	ATH (Enter only one co H WAS CAUSED BY: 1MMEDIATE CAUSE	use per line for		Clinical Rcds SOPHAGUS	VA Nos	pital F	ort I	INT	rd, Md. ERVAL BETWEE SET AND DEAT	
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ADDRESS

Petersburg,

Va.

2Sa. REC'D BY REGISTRAR

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1967

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 25M 1/67

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR

Wilkerson

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09131 09132 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTYS o STATE h COUNTY MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) RURAL and give negrest tawn) 24 hours INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM: NAME OF 4. DATE Year TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with DECEASED or removal, and in any event, Type or print) DEATH NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX AGE (In years 7. MARRIED lost birthday) Manths Hours WIDOWED DIVORCED 00 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT industry Im a Du during mast of warking life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ottending physician. DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying cause State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO be retoined by the hospitol or **DIRECTOR:** After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or tawn) (Caunty) (State) 20c. TIME OF INJURY Month, Dov. Year Hour a.m. factory, street, affice blda., etc.) Not While at wark 21. I certify that (1) (this haspital) attended the deceased from , 1952, that (1) (we) last 1965 to I al and that death accurred at 1 55 AM, from causes and on the date stated obave. saw the deceased alive an\_ 22a, SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF M.D. 22c. PHYSICIAN'S 22d ADDRESS Page 4 may TO FUNERAL NAME (Type) director, should be 236 LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, REMOYAL (Specify) ARKUILL 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 owson

CE 19" Sweet the section well existenced to be a tribilly shape me Sugar To the last of the state of the state

Oak Lawn Cemetery

ADDRESS

VR A15ME (5) 6M 1/67

Funeral Aome 1407 Eastern Ave. 21

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Baltimore Co..

(Ta) Keess Laserx (ZI) 190 11, 1923 18 H3 .b .c .ot.e lik lests taratost Unaries Lorsos AUTHOR TO THE 

ertel 2/20/60 Cox Lawd Cametary Baltimore Co., H.

1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	09134 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09138	3
HEALTH DERT.	1. PLACE OF DEATH 9. COUNTY 20 1. PLACE OF DEATH 9. PLAC	ssion)
58 9 (41)	Baltimore MARYLAND "STATE Md Baltimo	re
unera ay b truer death	b. CITY OR TOWN (If outside corporate limits, write RURAL and live nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and live nearest town)	lown)
s nece the fu b 5 m Depar after (	d. NAME OF HOSPITAL OR (NSTITUTION (If not in hospital, give sheet address) d. STREET ADDRESS e. IS RESID	ENCE
Jelay is necessary, and 3 to the funeral and 3 to the funeral and 5 may be state Department hours after death	York Rd. York Rd VES NO.	o Z
y dela A3. P A3. P 2 hou	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED	-
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figes form	A LOAD THE TOTAL MARKIEU	Min.
er dea ive Pa with I and event	10a. USUAL OCCUPATION (Give kind of workdone   10b. KIND OF BUSINESS OR during post of working life, even is retired)   12. CITIZEN OF WHAT OUNTRY   13. CITIZEN OF WHAT OUNTRY   14. CITIZEN OF WHAT OUNTRY   15. CITIZEN OF WHAT OUNTRY   16. CITIZEN OF WHAT OUNTRY   17. CITIZEN OF WHAT OUNTRY   18. CITIZEN OF WHAT OUNTRY   18. CITIZEN OF WHAT OUNTRY   19. CITIZEN OUNTRY   19. CITIZEN OUNTRY   19. CITIZEN OF WHAT OUNTRY   19. CITIZEN OUNTRY   1	
after Giv ong ong 1	Machinist 100/s, Battimore and U. J. 13. EATHER'S NAME	
ours afte m 18. Gi e along pages 1 in any	Phillip Borneman Nannie Pearce.	
24 ho n Iten Office File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, me, or unknown) (If yes give war or dates of service)	/
within 2 pencil ir miner's permit.	Yes, WWI-1918-1919/213-03-0032-Lhilmat, Dominan, Jorkhon, MA	>
EXAMINER: This certificate should be executed within 24 hours after death. If any delactificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and hould be forwarded to the Chief Medical Examiner's Office along with form PM3. Itels.  NR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Signated agent, prior to burial, cremation, or removal, and in any event within 72 ho	18. CAUSE OF DEATH [Enter only one cause per Une for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)	ATH
uld be executed I "pending" in if Medical Exan a burial-transit cremation, or i	4221 DUE TO	
be ex pendi ledice rrial-t mati	Conditions, if any, which gave rise to immediate (b)	
ould ! ief M a bu , cre	cause (e), stating the DUE TO underlying cause last. (c)	
ficate shou the word o the Chie used as a to burial,		OPSY ED?
ificat the to the to to	YES No. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	0 🛛
R: This certificate, writing forwarded to 3 should be agent, prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTO PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTO PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTO PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTO PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTO PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTO PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTO PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTO PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTO PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  PERFORMINATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  PERFORMINATED TO THE TERMINATED TO THE TERMINAL DISEASE CONDITION GIVEN	
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the certification of the certi	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection ∠ inquiry, and in my of death resulted from: Natural causes \( \mathcal{P} \) Accident \( \mathcal{P} \). Suicide \( \mathcal{P} \). Homicide \( \mathcal{P} \), Undetermined manner	olnio
the the short of the corons of	death resulted from: Natural causes 2, Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER	
ry Medich execute the Page 4 I for your	SIGNATURE A. M. France M.D. ASSISTANT MEDICAL EXAMINER [ 22. DATE SI	GNED
TY ME exect r. Part for RAL Dith or Ith or	EXAMINER'S AMINER Address (Street, city, town, or county)  EXAMINER'S Address (Street, city, town, or county)	
O DEPUTY MEDIVAL EXP please execute the c director. Page 4 shou retained for your files O FUNERAL DIRECTOR. of Health or its design	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State Removal (Specify) 23d. LOCATION (City, town or county)	ie)
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1	MARYLAND STATE DEPARTMEN  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRES	TON STREET, BALTIMORE, MARYLAND 21201
7	09135 CERTIFICATE OF D	EATH 09134
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lease r and in	SALESEADY DEPT STORE MA	LÁCE (County & Stote, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. COUNTRY?
g physician Then please moval, and i	CHARLES THOMAS L	RS MAIDEN NAME  OREY (EFFIE)
signed by the attending burial-transit permit. Th burial, crematian, ar remo	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 220-24-3714 Edu	and & Nolley 3725 Cozonada B
ansit p	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bilaler al Confluent	Pezonchogneumon a INTERVAL BETWEEN ONSET AND DEATH
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	stating the underlying couse (c)	DISTANCE COMPANIAN DUISM IN DADY 1/2
far use as the Health priar ta	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PLANS OF THE PROPERTY OF THE PROPE	eclima YES NO N
thed far	200. ACCIDENT WAS UNDERLY (NE I) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Affer this certi be detached State Dept. ai	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.  p.m.  19  20d. INJURY OCCURRED Volume of While of work of work of work	ice bldg., etc.)
ok: At nauld b h the S	21. I certify that (I) (this haspital) attended the deceased fram	curred at, to, 19, that (I) (we) los curred at, M, from couses ond an the date stated above
fo FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior to	Weifredo N. Lalesia M.D. PHYS.  220 PHYSICIANIS  22d. A	DDRESS MED. STAFF PHYS. 38/2/67
J FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	NAME (Type) WEINFREDS CLESIA DOWN 230. BURIAL, CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
direction share	3REMOVAL (Specify) 8/3/67 dorraine Parke	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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DIVISION OF STATISTICAL RESEARCH AND RECORDS.

301 W. PRESTON STREET, BALTIMORE 1, MARY

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09138 CERTIFICATE OF DEATH death. deoth funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY O. STATE MARYLAND b. COUNTY Har Jord .. ours ofter MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town illed in popers. hin 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? in onyevent, within 72 filled YES NO T that the deoth certificate be executed within remove carbon Lost DATE Month DOY 67 Year completely DECEASED 0F (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthdoy) Months Doys Hours while Franale WIDOWED R DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) physician on please please during most of working life, even if retired) INDUSTRY COUNTRY? and Ollie Ul 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaya Lena Schnaer Gieenberg offending p \*\*\*\*\* 131 Adress tokes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service Haure De Anita Hanline buriol, cremotion, NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: buriol-transit ONSET AND DEATH 1 diac IMMEDIATE CAUSE (o signed l DUE TO OR ATTENDING PHYSICIAN: The law requires Conditions, if ony, which gove rise to immediate couse (o), r this certificate has been si detached for use as the b te Dept, af Health prior to b DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO X Loman 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached NONE (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) Nat While Stote ot work TO FUNERAL DIRECTOR: After ot work pe 21. I certify that (1) (this hospital) attended the deceased fram director, page 3 should should be filed with the 19 and that death accurred at 92 AM, from causes and an the date stated obove. saw the deceased olive an 6 22o. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS PHYS 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) Grore BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) Rosedale, Maryland REMOVAL (Specify) Rudomer Verein July 3.1967 Burial 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25o. REC'D BY REGISTRAR Sol Levinson & Brso Inc. 6010 Reisterstown Rd. VR A15 (4) 25M 1/67 Marley 196

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09137 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24 hours after deat<u>h</u> 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH b. COUNTY a COUNTY o. STATE Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Baltimore 40160 Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Filled St. Joseph Hospital 421 E. 20th Street #21218 NO NAME OF Middle 4. DATE Last Month Dov Year DECEASED Ellison July 16. B. Burch (Type or print) DEATH IF UNDER 1 YEAR 5. SEX 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED remove lost birthday) Months Doys Hours Male Colored 4-27-11 Semivorced WIDOWED 56 VIS. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, ar fareign country) 12. CITIZEN OF WHAT INDUSTRY .. COUNTRY? Unemployed.

13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remavol. offending phy permit. Then I iola Mari 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates af service) 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Massive intra-tracheal hemorrhage INTERVAL BETWEEN ONSET AND DEATH burial-tronsit IMMEDIATE CAUSE (a) be retained by the hospital or ottending physician. signed by DUE TO Fistulous tract between trachea, esophagus and aorta Canditians, if any, which gave rise ta immediate cause (a). DUF TO far use as the k Heolth prior to b stating the underlying cause Carcinoma of the esophagus 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CFRTIFICATION YES K NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Caunty) (Stote) factory, street, affice blda., etc.) Nat While at work at wark 1967 to 7-16-. 1967 that 4) (we) last 21. I certify that (1) (this hospital) attended the deceased from 5-25sow the deceased glive on July 16. 19 67, and that death occurred at 8:15eM, from couses and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. July 17, 1967 M.D. director, page should be filed 22d. ADDRESS TO HOSPITAL Poge 4 may b 22c. PHYSICIAN'S 7620 York Road, Towson, Md. 21204 NAME (Type) Misanik M.D. Lawrence 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Marin VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. (1	09139		CERTIFICAT	E OF DEATH		09138
24 hours after death in by the funeral forest. Pages 1 find 27 hours after death	1. PLACE OF DEATH o. COUNTY Baltimore		MARYLAND	o. STATE	b. (OI	ution: Residence before odmission) UNTY
by the Pages ours aft	b. CITY OR TOWN (If outside co write RURAL and give neare <b>Towson</b>	rparate limits, st town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporote limits, write R	URAL and give Nearest town)
N 72 h	d. NAME OF HOSPITAL OR INSTI-		ve street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
etely—	3. NAME OF DECEASED (Type or print)	First Catherine	Middle E •	Last Burk	4. DATE Mo OF DEATH Ju	nth Doy Year
comple nove con	S. SEX 6. COLOR Wh:		NEVER MARRIED DIVORCED	8. DATE OF BIRTH May 29, 188	9. AGE (In yeors	IF UNDER   YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
ion and ase rer nd in o	10o. USUAL OCCUPATION (Give kind of during most of working life, even if r Homemaker	of work done 10b. KIN etired) IND	D OF BUSINESS OR USTRY		ty & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?U.S.A.
physic nen ple navol, o	13. FATHER'S NAME	nry Amrein		14. MOTHER'S MAIDE Margar	NAME	
tending mit. Th	1S. WAS DECEASED EVER IN U.S. ARA (Yester or unknown) (If yes give to	MED FORCES? Nor or dotes of service) 16. So	OCIAL SECURITY NO. 17. 3 07 2713	INFORMANT Hospital R	ecords	ress
*: The law requires that the death certiticate be executed within 24 hours after or attending physicion.  or attending physicion.  It has been signed by the ottending physicion and completely—filed in by the further to buriol-transit permit. Then please remove corbon posers. Pages I solfth prior to buriol, cremation, ar remavol, and in any event, within 72 hours after the complete that t	Conditions, if ony, which gove nise to immediate couse (a) stating the underlying couse lost.	SED BY: DIATE CAUSE (o) DUE TO  (b) DUE TO (c)	e posterior s		ardial infarct	
al or after ficate hos for use as Heolth pri	Pulmonary	thrombo-embol	ism		ONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES A NO
by the hospital or fer this certificate be detoched for ur State Dept. of Heolt	Pulmonary  200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING [] CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA  20c. TIME OF INJURY Month, Hour o.m.				n Part I or Port II of item 18.)	
No rn y the h er this e detoc ate Deg	p.m.	19 While at work	Not While of work	ACE OF INJURY (Home, fo story, street, office bldg., e	tc.)	(County) (State)
TO FUNCTION OF ALLENDING PHYSICIAN: Poge 4 may be retoined by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for u should be filed with the State Dept. of Heol	21. I certify that saw the deceased a 22a. SIGNATURE	(this hospital) attendive an July 19	19 67, and the	July 2, at death accurred of the death accur	13:20AM, fram causes	19, 19 67 that (we) last and an the date stated above 22b. DATE SIGNED July 19, 1967
Poge 4 moy be to file should be file	22c. PHYSICIAN'S NAME (Type) Reyn	naldo Orjuela	-Gomez, M.D.	22d. ADDRESS	rk Rd., Towson	
Poge 4 O FUNE director should	REMOVAL (Specify) Burial	3b. DATE THEREOF  July 22,67	23c. NAME OF CEMETERY OR	01 1.	23d. LOCATION (City or T	
VR A15 (4)	24. FUNERAL DIRECTOR Bro	ooks Towson,	Towson, Md.	250 RF	Baltimore (25b. 1967)	REGISTRAR'S SIGNATURE

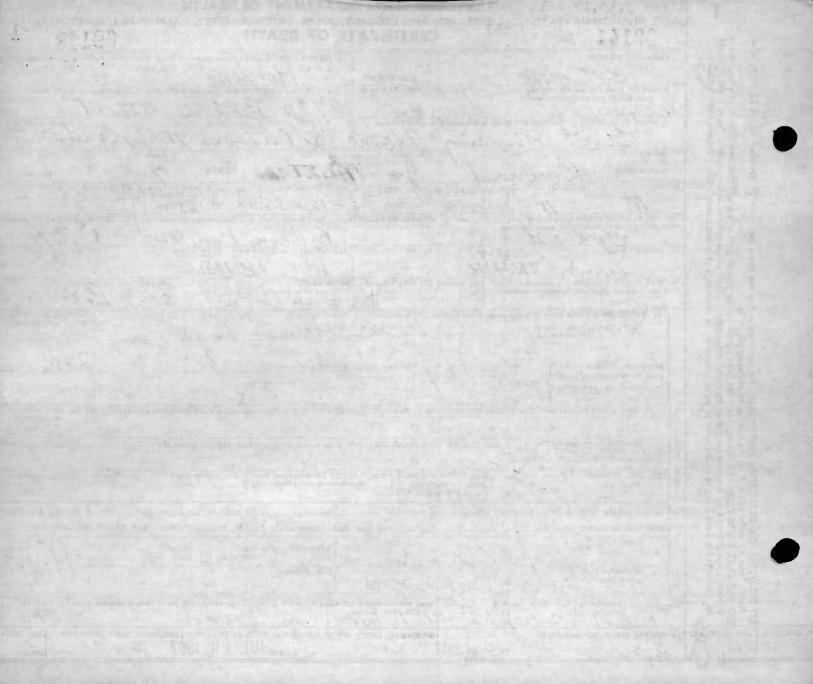
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09138 09140 CERTIFICATE OF DEATH filled in by the funeral p papers. Pages 1 and 1thin 72 haurs after death death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Baltimore o. STATE b. COUNTY Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Baltimore 21212 Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1441 Meridene Dr. St. Joseph Hospital YES NO 3. NAME OF Middle Last 4. DATE Month Day Year DECEASED Eldridge n any event. Price Burns July (Type or print) DEATH S. SEX 7. MARRIED 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR lost birthday) Manths Days Haurs 11-16-1890 Male White WIDOWED DIVORCED ar removal, and in any 1Da. USUAL OCCUPATION (Give kind af wark done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT please during most of working life, even if retired)

Retired Woustry Optician COUNTRY? attending physician sermit. Then please Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, na, or unknown) (If yes give war ar dates af service) 197-01-6047 Mrs Hazel Burns 1441 Meridene Rd. Balte. crematian. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH Acute heart failure IMMEDIATE CAUSE (o) \_ DUF TO Conditions, if any, which gave Atherosclerosis generalized severe rise to immediate cause (a), DUE TO TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending as the stating the underlying cause (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? detached far use on the Dept. of Health p Anemia, microcytic and hypochromic. Secondary to G.I. Bleeding **DIRECTOR:** After this certificate as 3 shauld be detached far us YES K NO 20g. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Not While at work 21. I certify that (1) (this hospital) attended the deceased fram July 24, 1967, to July 24, 1967, that (1) (we) lost saw the deceased of July 24, 1967, and that death accurred at 2 PM, fram causes and an the dote stated above. 22o. SIGNATURE 22b. DATE SIGNED X M.D. DIRECTOR 22d. ADDRESS O FUNERAL NAME (Type) Manuel S. Cockburn, M.D. 23a. BURIAL, CREMATION, BUREMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) July 27,1967 Loudon Park Baltimore, Maryland 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 4101 Edmondson Ave Witzke

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/	19141 CERTIFICATE OF DEATH	09149
)	1. PLACE OF DEATH  •. COUNTY  BAIT: MORE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, It institutes as STATE PARYLAND)  b. COUNTY	
-	b. CITY OR TOWN (if outside corporate limits, write RURA and give neerest town)  RESTORS ON A  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  d. STREET ADDRESS	L and give nearest town)  30.4  5. IS RESIDENCE
10	Bent nursing Home Baltimor many	Cond yes   NO
	(Type or print). Berevard formed that the Death	6 19 6 7
	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED 6-12-1899  9. AGE (In years left Mont)  Mont	
	Jaliand Battoned Battoner, Hary Land	CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME  Butler  14. MOTHER'S MAIDEN NAME BUTLER  ALCO BUILTENT	
=	15. WAS DECEASED EVERUN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgivawarordalesofsarvice) 16. SOCIAL SECURITY NO. 17. INFORMANT (Address 2132)	Baker St.
	18. CAUSE OF DEATH  Enter only one cause per line (pr (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Welral  Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if eny, which gava rise to immadiate cause (b)	24 hours
1	(a), stating the underlying DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(e)   19. WAS AUTOPSY
		PERFORMED?
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pom. 19   While Not While at work   at work	(County) (Stata)
	21. I certify that (I) (this hospital) attended the deceased from Dusce 1967, to saw the deceased alive on 267 and on the caused and o	n the date stated above.
	228. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	7/6/67
	22c. PHYSICIAN'S NAME (Typa) PHILIP BERNSTEIN 22d. ADDRESS	1/10
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d to CATION (City, lown or of DURIAL (Spacify) 7-10-67 Ht. Auburn Com. Balto.	county) (Stata)
)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRA	R'S SIGNATURE

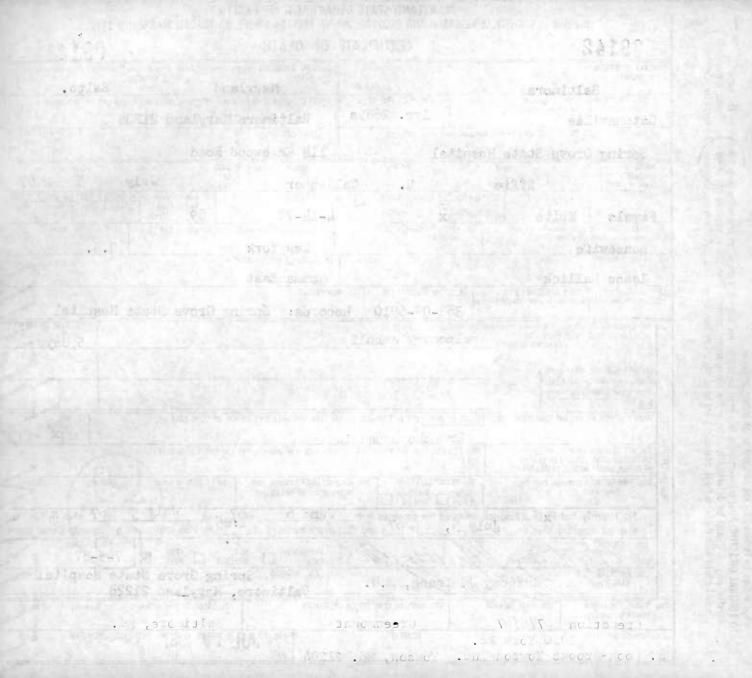


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

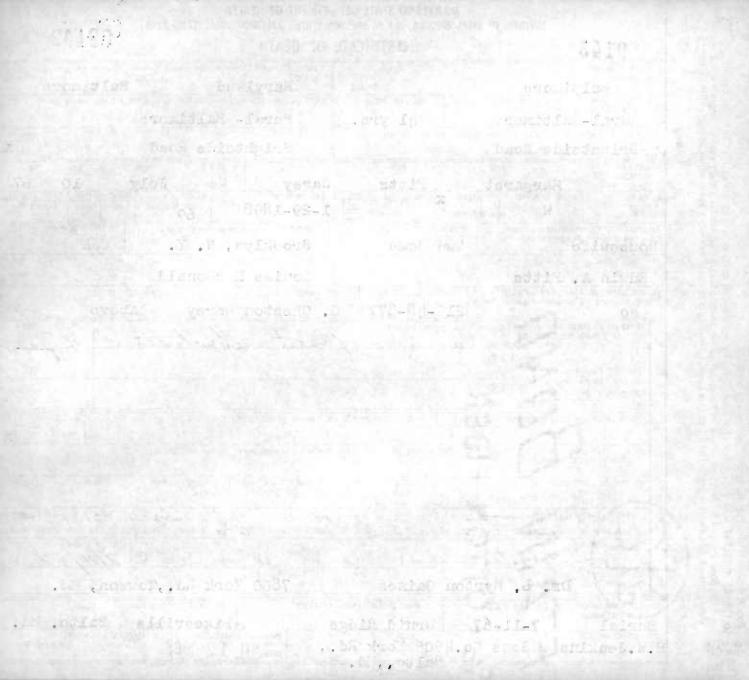
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PLACE OF DEAT     a. COUNTY	ГН				2. USUAL RESIDENCE (	Where deceased lived,	if institution: Resider	nce befare admissian)
d. COUNTY	Baltimore		MARY	/LAND		yland		alto.
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Catonsv	and give nearest tawn)		lyr. 26	dys	Baltimo	re Marylan	d 2120h	03.1
	SPITAL OR INSTITUTION (If n	at in haspital, g	ive street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Spring	Grove State	Hospit	la.		114 Edgew	ood Road		YES NO
3. NAME OF		irst	Middle		Last	4. DATE	Manth	Day Year
(Type ar print)	Eff		н.	Cal	llender	OF DEATH	July	5 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH	9. AGE (In	years IF UNDER	
Female	White	WIDOWED	DIVORCED		4-14-78	89 last bir	thday) Manths	Days Haurs Min.
10a. USUAL OCCUPAT	TION (Give kind af wark dane		ND OF BUSINESS OR			& State, ar fareign coun	ntry) 12. CI	ITIZEN OF WHAT
during mast af wark housew	ring life, even if retired)	INI	DUSTRY		New Yor		((	OUNTRY?
13. FATHER'S NAM					14. MOTHER'S MAIDEN		, 0	
Tease	Hallick				Emma Eas	t		
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. 9	SOCIAL SECURITY NO.	17. 1	NFORMANT		Address	
(Yes, na, ar unknaw	vn) (If yes give war ar dates	af service)	33-09-6910	Re	ecords: Sp	ring Grove	State Ho	enital
18 CAUSE OF	F DEATH (Enter anly one co			260	,001 00. 00	0.0.0	50400 110	INTERVAL BETWEEN
PART I. I	DEATH WAS CAUSED BY:	Pullr	monary emb	oli				ONSET AND DEATH
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Canditians, if	any, which gave )	(b)						
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last.	nderlying cause	(c)						
PART II. OTHER	R SIGNIFICANT CONDITIONS		O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PAR	T I(a)	19. WAS AUTOPSY
20a. ACCIDENT OR CONTRIBUT	201211.0113						, ,	PERFORMED? YES 29 NO
20g. ACCIDENT	WAS UNDERLYING	20b. DF	conchopneu	CCURRED.	Enter nature af injury in	Part I or Part II of ite	m 18.)	1 150 - 100 -
OR CONTRIBUT	ING  CAUSE OF DEATH	200. 01.	ZDE TION HOOK! OF		and helps of highly in	with all the	101	
S 20c TIME OF	TIFY MEDICAL EXAMINER) INJURY Manth, Day, Year	20d IN	JURY OCCURRED	20e. PLAC	E OF INJURY (Hame, far	m.   20f. (City ar	tawn) (Co	ounty) (State)
20c. TIME OF Hour	a.m.	Mhile	Nat While		ary, street, affice bldg., etc.		,	,,
	p.m. 19	at wark		fram	June 6	1957 . to 5	July 5 19	57 that M (wa) la
21. I Ce	ertify that (k(this ha	July 5	ed the decedsed	and that	death accurred at	1:03 M from	rauses and an	67, that ₹1) (we) la the date stated abov DATE SIGNED
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ZZU, JIONALI	Million	-11/11	manl	MAGNI	ATTENDING -	MED. ST		5-67
22c. PHYSICI	ANS	11/11/11				Spring Gro		Hospital
NAME (T		opy J.	Young, M.I	).		re. Maryla		
23a. BURIAL, CREM	ATION, 23b. DATE TH	HEREOF	23c. NAME OF CEMI	ETERY OR (		23d. LOCATION (		(Caunty) (State)
REMOVAL (Spe	erity)		Green				ore, Md.	, - ,, , , , , , , , , , , , , , , , ,
Crema 24. FUNERAL DIRE			ADDRESS	moun		PRY REGISTRAR 19		SIGNATURE LUCION
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wm. Cook-	Brooks Tows	on Inc.	Towson,	Md.	Z1.204   DATE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Heolth prior to burial, cremation, or removol, and in any event within 2 hours after death Page 4 moy be retained by the hospital or ottending physicion.

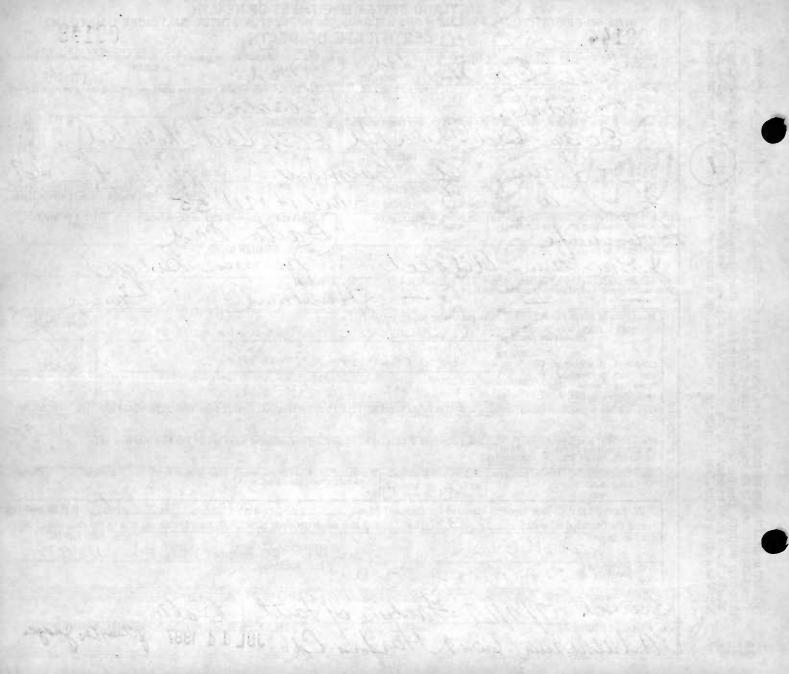
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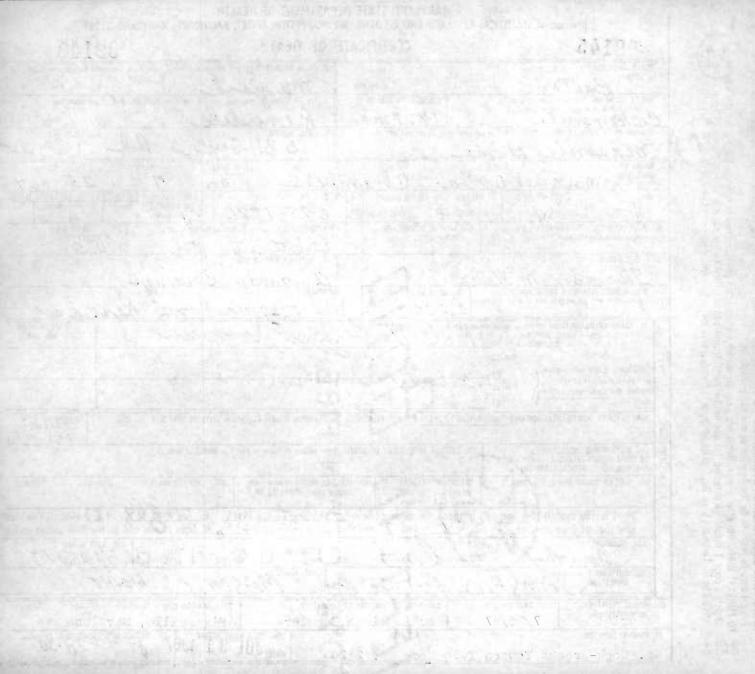
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09142 CERTIFICATE OF DEATH 09143 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE Maryland b. COUNTY Baltimore o. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Rural-Baltimore Rural - Baltimore vrs. filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO T Brightside Road Brightside Road YES NAME OF Middle 4. DATE carban × Lost Year Doy DECEASED 67 event, Margaret Fitts Carev July 10 19 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Months Doys Hours 1-29-1898 W and in any WIDOWED DIVOR CED and 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife wn Home COUNTRY? Brooklyn. N. Y. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remayal. Louise MacDonald Edwin A. Fitts 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service 215-118-8779 G. Cheston Carev Above No burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse as the certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Health ! NO Z 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) WED Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hespital) gttended the deceased fram Signt 22, 1965, to July 10, 1967, that (1) (may last director, page 3 shauld shauld be filed with the 19 67, and that death accurred at/2'5 M, fram causes and an the date stated above saw the deceased alive an July 8 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7800 York Rd. . Towson. Md. Dr. L. Myrton Gaines 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Balto. 7-11-67 Druid Ridge Pikesville Md. Burial REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd. Charles Balto Md.



1 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E-80 E		09144 CERTIFICATE OF DEATH
death death	1.	PLACE OF DEATH BALTIMORE, COUNTY a. COUNTY  BALTIMORE  COUNTY  BALTIMORE  COUNTY  BALTIMORE  COUNTY  BALTIMORE  COUNTY  BALTIMORE
by the Pages urs afte		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
24 hours after filled in by the papers. Pages in 72 hours after		d. NAME OF HOSPITAL OR INSTITUTION (if not in Mospital, give street address)  8036  Old The latest Address  9036  Old The latest No. 1
	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
/20 - 10 - 1-m	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8 DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS last birthdes) Months Days Hours Min.
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g physi	13.	FATHER'S MAME 14. MOTHER'S MAIDEN NAME NAME
th cert ttendin mit. Th	No.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (1fyes give war or dates of service)
requires that the death certificate be executed ding physician. been signed by the attending physician and come the burial-transit permit. Then please remove to to burial, cremation, or removal, and in any events.		18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
s that tysician, ysician, igned brial-tran		1750 IMMEDIATE CAUSE (a)  DUE TO  DUE TO  DUE TO  DUE TO
requires ding ph been s the bur or to bu		gave rise to immediate cause (a), stating the OUE TO  Papillar added  OUE TO
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in the state Dept.	CATION	Underlying cause last. (c)
ICIAN: 1 ospital certific hed for t. of He	CERTIFICATION	20a. ACCIOENT WAS UNOERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
G PHYS y the h er this e detac ate Dep	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m. 19   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County)   (State)   20f. (City or town)   20f
TENDING BORE Aft Phould by the St	M	21. I certify that (I) (this hespital) attended the deceased from 2/8, 1965, to 1/4, 1967, that (I) (we) last saw the deceased alive on 1/3 1967, and that death occurred at 26 M, from the causes and on the date stated above
OR AT OR AT DIRECT Sige 3 Si led with		22a. SIGNATURE  M.D. ATTENDING MED. STAFF 7/6/6 7
O HOSPITAL Page 4 may O FUNERAL I director, pag		22c. PHYSICIAN'S NAME (Type) S. A. Alessi M.D 22d. ADDRESS
TO HC Page To FU direct shou	233	SENOTE (Seech) 7/7/67 Farlus of fait Balto.
VR A15 (4)	24	ADDRESS JUL 14 1987 REGISTRAR 25b. R



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09145 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY b COUNTY MARYLAND campletely filled in by the b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN AH outside carporote limits, write RURAL and give nearest town) write RURAL and give nearest town) 145, 7 mo. Peusvill e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO NAME OF Middle carban, Last 4. DATE Month Doy Year First DECEASED (Type or print) Ma. 1967 DEATH IF UNDER 1 YEAR SEX 9. AGE (In years IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** please remave lost birthday) Manths Dovs Hours P WIDOWED DIVORCED physician and 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 13. BIRTHPLACE (County & State, or fareign country) **COUNTRY?** during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war ar dates af service) IB. CAUSE OF DEATH (Enter only one cause per ling INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse the has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES 🗍 NO TO FUNERAL DIRECTOR: After this certificate for 20a. ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at# saw the deceased alive an M, from causes and an the date stated abave 196 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 7/28/67 Druid Ridge Cemetery Pikesville, Maryland 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Wm. Cook-Brooks Towson T050 York Rd. 21203



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09146 CERTIFICATE OF DEATH 09146 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) illed in by the papers. Page 72 hours o write RURAL and give nearest tawn) Baltimore e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 4502 Fullerton Avenue YES NOT Joseph's Hospital enter NAME OF Middle 4. DATE First Last Manth Day Year carbon completely DECEASED (Type or print) Chandler DEATH Adrian July IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED remove eV last birthday) Manths Davs Hours and in any WIDOWED DIVORCED March 20, 1908 50 yrs. Male White 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) eose during most of working life even if retired)
Sheet Metal Worker **INDUSTRY** attending physicion permit. Then pleose Onancock, Virginia
14. MOTHER'S MAIDEN NAME Ackerman & Baynes 13. FATHER'S NAME cremotion, or removol, Wilbert M. Chandler Minnie C. White 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. Sue B. Chandler 4502 Fullerton Avenue 228-01-8843 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriol-tronsit ONSET AND DEATH Congestive heart failure. IMMEDIATE CAUSE (a) the hospital or attending physicion. MOTA buriol, Arteriosclerotic cardiovascular disease. Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) use YES X NO this certificate a 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. c 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (Caunty) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Nat While at wark at work TO HOSPITAL OR ATTENDIN Page 4 moy be retoined by 21. I certify that A (this haspital) attended the deceased fram July 3 1967 to July 4 . 1967, that 00 (we) lost be filed with the 19 67, and that death accurred at 11:44 pyrom causes and on the date stated abave DIRECTOR: saw the deceased alive on Tuly 4 22a. SIGNATURE 22b. DATE SIGNED ockbur X July 5, 1967 M.D. DIRECTOR PHYS. 22d. ADDRESS 22 DHYSTHAN'S FUNERAL 7620 York Rd., Towson, Md. 21204 NAME (Type) M. S. Cockburn, M.D. director, should by (State) Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) Taylor Ave Balto Parkwood Cemetery July 8 1967 0 ADDRESS 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATEJUL 6 The Dippel Brothers Inc 7110 Belair Road

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 1 CERTIFICATE OF DEATH 09148 . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 72 hours after MARYLAND 24 hours after b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) andalls town e. IS RESIDENCE filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARMS NO X requires that the deoth certificate be executed within NAME OF Lost Month Doy Year OF DECEASED 1967 nen DEATH (Type or print) Chang. 25.5 Car AGE (In veors IF UNDER IF UNDER 24 HRS. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED e lost birthdoy) Hours WIDOWED X remo DIVORCED burial, cremation, or removol, and in on 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Housewife At Home Russia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mendel T. Fruma WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dates of service No No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per light for (a), (b), and (c), signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Poge 4 moy be retoined by the hospitol or ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse detoched for use as the te Dept. of Heolth prior to this certificate has been last. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour a.m foctory, street, office bldg., etc.) While Not While of work TO FUNERAL DIRECTOR: After 1961 21. I certify that (1) (this hospital) attended the deceased fram 6-19 47, and that death occurred at 1250 M, from causes and an the date stoted above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. ATTENDING M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Baltimore County General Hospital D. Simon 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23o. BURIAL CREMATION REMOVAL (Specify) Baltimore. Maryland Shaarei Zion 7/14/67 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) Sol Levinson & Brs. Inc., 6010 Reist., Rd.

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MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. LIMORE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Maryland Baltimore MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21227 Catonsville filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? CATON RIDGE NURSING HOME YES NO completely ve carbon p event with executed within e carbon vent, with NAME OF Last Month Day Year DECEASED Collars (Type or print) 19 6 DEATH . 6. COLOR OR RACE 5. SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED ACE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. and c Days any Male White WIDOWED DIVORCED Aug. 13, 1875 = nding physician Then please re removal, and in 10a. USUAL OCCUPATION (Cive kind of work done ) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Pharmacist certificate Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending pit permit. Then Virginia Collars Laura Charles . Augustus 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 death (Yes, po, or unkown) (If yes give war or dates of service) transit perm 212-16-072] None Miss H. L. Parke 503 Title Building CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Courestive Heart the hospital or attending physician. signed been signe the burial-or to burial, DUE TO SCV Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating Arteriosclerose as th underlying cause last. (c) has CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY use PERFORMED? The certificate NO T YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) ō detached (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While retained by p.m. at work at work 7-14-, 1969, that (1) (we) last D 7-7- 1965 to 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR age 3 should led with t 1967, and that death occurred at 7.0 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. may O HOSPITAL FUNERAL director, p PHYSICIAN'S 22d. ADDRESS Liber 86 2.9 Page 4 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 9 Loudon Park Cemetery Baltimore. Buria Md REC'D BY REGISTRAR L 25b. **FUNERAL DIRECTOR** REGISTRAR'S SIGNATURE A15 (4) an DATE 1/65

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7	. (8)		09151			CERTIFICAT	OF DEATH			9151
	4 nours after death In by the fuperal eps. Pages and			Ltimore		MARYLAND		(Where deceosed lived, if institution b. COUN	on: Residence b	pefore odmission)
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	equires that the physician. signed by the burial-transit burial, cremati		1B. CAUSE OF DEATH (	Enter only one couse p S CAUSED BY: IMMEDIATE CAUSE (o) _ DUE TO O gove (b) _ Se (o), (DUE TO	er line for (o)	, (b), and (c).) FURE GALL BLA				INTERVAL BETWEEN
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	VG PHY the hor er this of detach	1	20c. TIME OF INJURY M Hour o.m. p.m.	onth, Doy, Yeor 19	20d. INJUI While of wark	Not While for	ACE OF INJURY (Home, fo tory, street, office bldg., e		(County	r) (Stote)
	TENDIN ined by OR: Afte ould be		saw the deceas	at <b>K)</b> (this haspita ed alive an7/	il) attended /8/	the deceased fram_ 19_67, and the	7/6/ It death accurred	19_67, ta <b>7/8/</b> at <b>11: 45</b> M, fram causes a	, 19 <u>_6</u> ' ind an the	7 that (A) (we) last date stated abave.
•	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar to		220. SIGNATURE  220 HYSICIAN'S NAME (Type)	Palle OHN D. TAL	SERT.	<b>M. D.</b>	224 ADDRESS	MED. STAFF DIRECTOR PHYS. DO  ORT HOWARD, MARY	-	SIGNEO 10/67
	Page 4 TO FUNE directal		30. BURIAL, (REMATION, REMOVAL) Specify)	23b. DATE THEREO 7-12-0	57	23c. NAME OF CEMETERY OR Smith Ceme	ery	23d. LOCATION (City or Tow	Virgi:	
	VR A15 (4) 25M 1/67		John R	Must.	B	iginbothom S	lack Funer	THOME 25b. REG	Aclean	

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Baltimore

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12. CITIZEN OF WHAT

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e. IS RESIDENCE ON A FARM?

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IF UNDER 24 HRS.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH		11.51			2. USUAL RESIDENCE	(Where dec			nce befar	e admissi	on)
a. COUNTY	Baltimore		MARYLAN	ın 1	a. STATE	Mary	1 and b. (0)	NTY	_		V
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d. NAME OF HOSPI	TAL OR INSTITUTION (If nat in	haspital, g	ive street address)		d. STREET ADDRESS					e. IS RESII ON A F	ARM?
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3. NAME OF	First	-	Middle		Last	4. DAT		ith	Day	Ye	ar
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IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. 9	OCIAL SECURITY NO.	17. 1	NFORMANT		Addı	ess			
(Yes, no, or unknawn)	(If yes give war ar dates af sen	vice) 2	14-12-8112	Mr	. Alvin L.	Lero	y One Oa	k Pla	Ce	2121	8
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OR CONTRIBUTION	AS UNDERLYING □ G □ CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OCCUP	RRED. (	Enter nature at injury in	Port I ar	Part II af item 1B.)				b
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23a. BURIAL, CREMATI		F	23c. NAME OF CEMETER	Y OR C	REMATORY	23d.	LOCATION (City or To	own)	(County	) (9	State)
REMOVAL (Specif Burial	7/5/67		Loudon P	ark	Cemetery		Baltimor	e			Md.
24. FUNERAL DIRECT			ADDRESS		250. REC	D BY REGI	STRAPOCT 25b.		UTHEN	us g	5
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and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furfered director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon expers. Pages 4 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. after death 24 haur TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09156 09156 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE ely filled in by the fany ban papers. Pages 1 within 72 haurs after d MARYLAND executed within 24 haurs after b. CITY OR TOWN (If autside carparote limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest tawn) write RURAL and give neorest tawn NSVILL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 90 YES NO and completely fill remains carban p NAME OF Middle DATE Lost Doy Year DECEASED OF DEATH (Type or print) 196 S SFX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** last birthday) Manths Days Haurs h WIDOWED DIVORCED IN GIT IDa. USUAL OCCUPATION (Give kind of work dane 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be signed by the attending physician of burial-transit permit. Then please during most of working life, even if retired) INDUSTRY COUNTRY? ar remaval, and 13. FATHER'S NAME MOTHER'S MAJOEN NAM 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, na, or unknown) (If yes give war or dates af service) burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' physician. DUE TO Canditions, if ony, which gove (b) rise to immediate cause (a), DUE TO stating the underlying couse by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been etached far use as the Dept. of Health priar ta lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ATTENDING PHYSICIAN: The NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2De. PLACE OF INJURY (Home, farm, 2Dd. INJURY OCCURRED (City or town) (County) (State) Hour o.m. factory, street, office blda., etc.) Nat While State of wark 21. I certify that (I) (this haspital) attended the deceased fram. shauld ro Hospital OR ATTENE Page 4 may be retained director, page 3 shauld should be filed with the and that death accurred at 30 PM, fram causes and an the date stated above. saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED STAFF M.D DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION\_OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09157 CERTIFICATE OF DEATH 09157 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland Balt/imbre CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. IENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) Baltimore Baltimore less than 1 day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 5217 e. IS RESIDENCE ON A FARM? NO ] Greater Baltimore Medical Center YES 6701 N. Charles Street NAME OF First Last 4. DATE Dov Year DECEASED CRAFTS (Type or print) Boy. DEATH Baby 19 67 IF UNDER 24 HRS. 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED lost birthdov) Months Doys Hours WIDOWED DIVORCED 7/12/67 0 0 Male 11 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward James Crafts Karin Christa Probst 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service NO Maternal History 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Neonatal apnea and atelectasis IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Immaturity (800 gms.) rise to immediate couse (o), DUE TO stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) foctory, street, office bldg., etc.) Not While ot work of work 7/12 7/12 , 19.67, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. , 19 67, ta 7/12 19 67, and that death accurred at 6:45 M, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED 7/13/67 M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) John E. Adams, M.D. Greater Baltimore Medical Center 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Baltimore Co.

PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. and in ony ottending physician permit. Then pleose burial, cremotion, or removal, burial-tronsit attending physicion. the ed for use of Health p the hospital or certificate detoched ro Hospital or Attend Page 4 may be retained director, page 3 should be filed v O FUNERAL

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24. FUNERAL DIRECTOR

Leonard J. Ruck Inc. 5305 Harford Rd. #14

7/14/67

Moreland Cemetery

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY Page D af Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) and Parkton d. STREET ADDRESS e. IS RESIDENC ON A FARM? farm Harris Mill Road YES NO in Item 18. Give Pages York Road Middle Office alang-with NAME OF First Lost 4. DATE Month Dov Year DECEASED OF DEATH JAMES SAMUET. CUMMINGS (Type or print) July 20. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Doys Hours White in any event within 72 haurs after death Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF during most of working life, even if retired) Chief Medical Examiner's pencil be executed within 17 INFORMANT pending" IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Aspiration of Stomach Contents complicating e, writing the ward farwarded ta the Ch This certificate shauld Cerebral Injury XXXXX Conditions, if ony, which gove rise to immediate cause (o), DUF TO stoting the underlying couse 0 pup OS nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ar remaval, please execute the certificate. YES X NO 4 shauld be 20a. EXTERNAL CAUSE WAS PRIMARY (♣) OF CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) Subj. dribing -3 shauld car ran off road and flipped over CAUSE OF DEATH crematian, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg., etc.) 11 HODO.M Not While X July 19, '67 While at work may be retained for your FUNERAL DIRECTOR: Page Baltimore, MID 21. I certify that I taak charge of the remains described above, held on Autopsy [X], Inquiry | and in my opinion Inspection Natural causes . Accident X death resulted fram: Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER Health prior ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X 7/20/67 DEPUTY MEDICAL EXAMINER Werner U Spitz, NAME (Type Address (Street, city, town, or county) (Stote) 0 REGISTRAR'S SIGNATURE VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH 09160 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physicion. eath. funeral 3 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COLINTY Baltimore b. CDUNTY after Maryland MARYLAND by the to Pages b. CITY DR TDWN (If autside corparate limits, write RURAL and give nearest tawn)

Catons ville the c. CITY DR TDWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH DE STAY IN 16 ician ond completely tilled in by the lease remove carbon papers. Pagond in ony event, within 72 hours lyrlOmth25dys Baltimore d. NAME DF HOSPITAL DR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? SPRING GROVE STATE HOSPITAL 1210 Glyndon Avenue NO 3. NAME OF First Middle Inst 4. DATE Manth Day Year DECEASED Catherine Delivuk July 18 1967 (Type or print) DEATH S. SEX 6. CDLDR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH **NEVER MARRIED** birthday) Months Hours female white WIDDWED F Jan. 16. 1886 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DE BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT during mast at warking life, even if retired) INDUSTRY attending physician permit. Then please COUNTRY? Yugoslavia S. 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME or removol. Mchael Kovachovich Martha Stanich 15. WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, na, ar unknawn) (If yes give war ar dates af service) 16. SDCIAL SECURITY ND 17 INFORMANT Address 219-54-3090 Records: SPRING GROVE STATE HOSPITAL cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN the signed by the burial-transit p burial, cremoti PART I. DEATH WAS CAUSED BY DNSET AND DEATH Generalized arteriosclerosis, advanced IMMEDIATE CAUSE (a) by the hospitol or attending physicion. DUE TO Canditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stating the underlying cause prior to the TO FUNERAL DIRECTOR: After this certificate has been (c) 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Health Diabetes mellitus ND X 10 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE DE DEATH detoched of (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d INJURY DCCURRED 20e. PLACE DF INJURY (Hame, farm, (City or town) (Caunty) (State) Haur a.m. factory, street, affice blda., etc.) Nat While 21. I certify that (1) (this haspital) attended the deceased from sow the deceased glive on July 18 19 67, and the July Aug. 17 1967, that (Mr (we) lost 67, and that death occurred of sow the deceased alive on should M, from couses and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING 7-19-67 M D PHYS STAE 22c. PHY YCIAN 22d, ADDRESS NAME (Type) J. Koung, M.D. Baltimore, Maryland 21228 director, should b BURIAL, CREMATION. 23c. NAME OF CEMETERY DR CREMATDRY 23b. DATE THEREDF 23d. LDCATIDN (City or Town) (County) (State) REMOVAL (Specify) St. Marvs Cemetery Uniontown, Pennsylvania Remova 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Mclianten

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death

MARYLAND STATE DEPARTMENT OF HEALTH

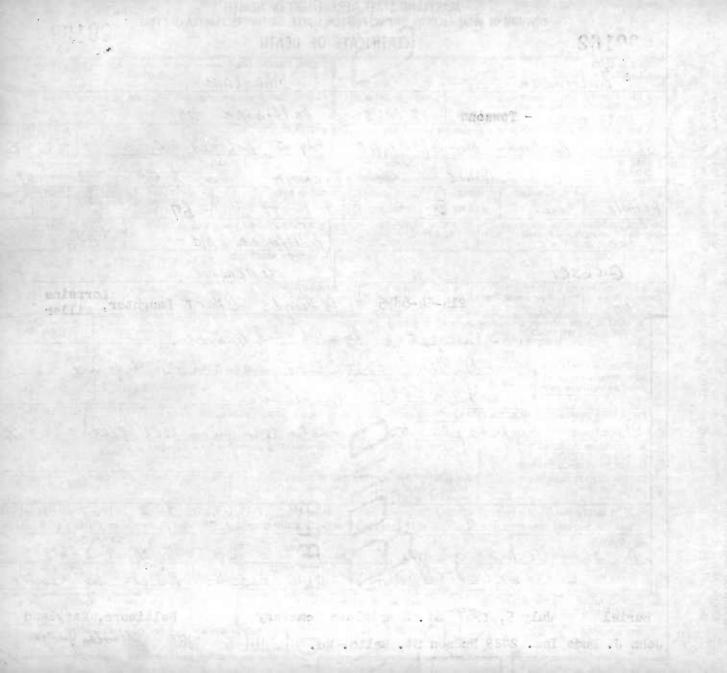
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09161		CERTIFICA	TE OF DEATH		09161
PLACE OF DEATH     O. COUNTY	Paltimore	MARYLAND	a STATE	(Where deceased lived, if institution b. COUN'	
b. CITY OR TOWN (If outside write RURAL and give ne	corparate limits,	c. LENGTH OF STAY IN 1b		outside carparate limits, write RUR	
d. NAME OF HOSPITAL OR IN HOLLY HILL	ISTITUTION (If not in I		d. STREET ADDRESS Willow A		e. IS RESIDENCE ON A FARM? YES NO C
3. NAME OF DECEASED (Type or print)	First Cora	Middle	Last Demoseu	4. DATE Month OF DEATH July 2	
		MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH  October 24	9. AGE (In years last birthday) 9. AGE (In years last birthday) 9. Yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give ki during most of warking lite, even frowewise 13. FATHER'S NAME	nd of work done if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	y & State, ar fareign country) Land	12. CITIZEN OF WHAT COUNTRY?
Luther Bos	. 0		14. MOTHER'S MAIDEN Rebeco	xa ?	
1S. WAS DECEASED EVER IN U.S. (Yes, np; or unknown) (If yes gi	ARMED FORCES? ve war ar dates of serv	ice) 16. SOCIAL SECURITY NO.	7. INFORMANT Family infor	Mation Address	55
PART I. DEATH WAS		r line for (a), (b), and (c).)	ask Fair	lur E	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which grise to immediate couse stating the underlying colors.	(a), ( DUE TO	arterio	cherosis		zyro
PART II. OTHER SIGNIFICAN	T CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLOOK CONTRIBUTING CAUSI	OF DEATH	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature af injury in	Part I or Part II of item 18.)	
20c. TIME OF INJURY Mor Hour a.m. p.m.	ith, Day, Year 19	20d. INJURY OCCURRED 20e. While at work at work	PLACE OF INJURY (Hame, far factory, street, affice bldg., etc		(Caunty) (Stote)
saw the deceased		) oftended the deceased fram	that death accurred a	1963 to MULY 2 t M, fram causes o	3, 1961, that (I) (we) la and an the date stated abov
22c. PHYSICIAN'S	uce Jo	Tosh	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	22b. DAJE SIGNED / 67
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF July 26,	23c. NAME OF CEMETERY 1967 Jessop's Me		23d. LOCATION (City or Tow	
24. FUNERAL DIRECTOR	Sana 7	ADDRESS		TO BY REGISTRAR 1967 REGION 1967	GISTRAR'S SIGNATURE JUNGSE

Burns' Sons, Towson, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09162 CERTIFICATE OF DEATH l and funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after dea a. COUNTY Baltimore b. COUNTY haursafter MARYLAND Pages b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore Baltimo Re - Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) .⊆ d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Ba Humore BELNOPA YES NO X and in any event, within 3. NAME OF remave carbon Middle 4. DATE Month Day Year DECEASED AGNes er NOGA 1967 (Type or print) DEATH S. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last hirthday) Manths Haurs 9-10-99 Female. Cau WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) COUNTRY? INDUSTRY HIMORE HememaileR 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME ar remaval, QURSKI UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO 17. INFORMANT Lorraina 214-54-6895 Daughter, Willer crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. OEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse ue aerached far use as the State Dept. of Health priar ta last 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 201. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Party) ar Part II of item (8.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Day, Year (City or town) (State) (County) Hour o.m. factory, street, affice bldg., etc.) Nat While 21. I certify that (I) (this hospital) ottended the deceased from . 1967, that (1) (we) lost 19 67, and that death accurred of 12.30 AM, from causes and an the date stated above. sow the deceased alive an 7 - 2 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) LAWRENC director, shauld by 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) July 5, 1967 St. Stanislaus Cemetery Baltimore, Maryland 2 ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 John J. Duda Inc. 2829 Hudson St. Balto. Md.



	MARYLAND STATE DEPARTMENT DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. P	NT OF HEALTH RESTON STREET, BALTIMORE 1MARYLAND
N		EATH ort 09163
33	a COUNTY RAIN NO DE CONTRETO	RESIDENCE (Where deceased lived, If institution: Residence before admission
KA	Greater Baltimore Medical CentermaryLand a. STAT	Md. Balto.
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR	TOWN (If outside corporate limits, write RURAL and give nearest town
	Baltimore, Maryland	owson. Marviand
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET	DDRESS 609 E. Joppa Road   e. IS RESIDENCE ON A FARM?
6		1/ Notath Ohan les Styles YES NO X
	3. NAME OF First Middle Last DECEASEO	4. OATE Month Oay Year
	(Type or print) BABY GIRL DERR	0EATH 7 21 19 67
	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 8. DATE OF E	IRTH 9. ACE (In years   IF UNOER 1 YEAR   IF UNDER 24 HR: last birthday)   Months   Oays   Hours   Min.
	Female Cauc. WIDOWEO DIVORCED 7/20/	67 0 yrs.
Î	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY 11. BIRTH	PLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1		timore, Maryland U.S.A.
		R'S MAIDEN NAME
1	Richard E. Derr	ron Lee Bogema
	15. WAS DECEASED EVER IN U.S. ARMEO FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (Yes, no, or unknown) ((fyes give war or dates of service)	Address
	from	chart
	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET ANO GEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory arrest	UNSET AND CEATH
	7735 DUE TO	
	Conditions, If any, which ) (b) Hyaline membrane disease	
	gave rise to Immediate ( cause (a), stating the DUE TO	
	underlying cause last. (c) Premature birth+low weig	h†
4		RMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
2	ICAT	YES NO X
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE 200. ACCIOENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter OR CONTRIBUTING 200. CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nature of Injury in Part I or Part II of Item 18.)
	G   OR CONTRIBUTING   CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY factory, street, office	(Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hour a.m. While at work at work at work	aniag., etc.)
		20, 1967, to 7/21, 1967, that (I) (we) la
		rred at 6:0000 from the causes and on the date stated above
	22a. SICNATURE 1	P.M.   22b. DATE SIGNED
	a. M. Clavick W.D. A. A M.D. ATTENDIN	C MED. STAFF X 7/21/67
	22c. PHYSICIAN'S NAME (Type)	
/ ]	Alan M. Davick, M. D.	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION (City, town or county) (State)
		Center Towson, Maryland
		25a. REC'O BY RECISTRAR   25b. REGISTRAR'S SIGNATURE
	John E. Adams, M. D. GBMC John Z. John	DATE JUL 26 1961 generales guage
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 09165 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DED PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Page BALTIMORE 2 O MARYLAND BALTIMORE MARYLAND delay dea b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

ARBUTUS c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) partmen pup after ARBUTUS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Deg haurs Office alang with farm 21227 ate 5118 SHELBOURNE ROAD NO X Give Pages 5118 SHELBOURNE ROAD YES 🗍 after death. 3. NAME OF Middle First DATE Last 4. Month Doy Year DECEASED OF EDWIN FINARE H. DORSEY 25, 1967 JULY DEATH with IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoγ)
70 yrs. Months Dovs Hours tem 18. WHITE MALE 7/30/96 WIDOWED DIVORCED haurs 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even it retired)
Freight Handler INDUSTRY COUNTRY? pages I Retired Maryland **USA** Ξ Examiner's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil certificate shauld be executed within Harry C. Dorsey Annie Lee Francis and File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 21227 rd "pending" in Chief Medical E permit. (Yes, no, or unknown) (If yes give wor or dates of service) remayal 220-12-8284 Mr. Norman Gaither, 5118 Shelbourne Rd. No CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). INTERVAL BETWEEN burial-transit PART I. OFATH WAS CAUSED BY ONSET AND DEATH Б IMMEDIATE CAUSE (a) e, writing the ward forwarded to the Ch crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse  $\Box$ GIS burial, used ( PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS PERFORMED? CERTIFICATION This please execute the certificate, YES NO agent, prior ta pe 20o. FXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) shauld PRIMARY CONTRIBUTING AL EXAMINER: CAUSE OF DEATH (City or town) 20c. TIME OF INJURY Month. Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page ot work ot work designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 🔀 Inquiry [ and in my apinian Suicide X death resulted fram: Natural causes Accident Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7/26/67 O DEPUTY OEPUTY MEDICAL EXAMINER 0 EXAMINER'S Health Address (Street, city, town, or county) 1311 FRANCIS AVE. NAME (Type) **JAMES** FREDERICK 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 50 REMOVAL (Specify)
Burial 7/29/67 Mt. Olivet Cemetery Baltimore. Md. **ADDRESS** 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE WILKENS AVE. 21229 VR ATSME (5) HOWARD H. HUBBARD 4107 6M 1/66

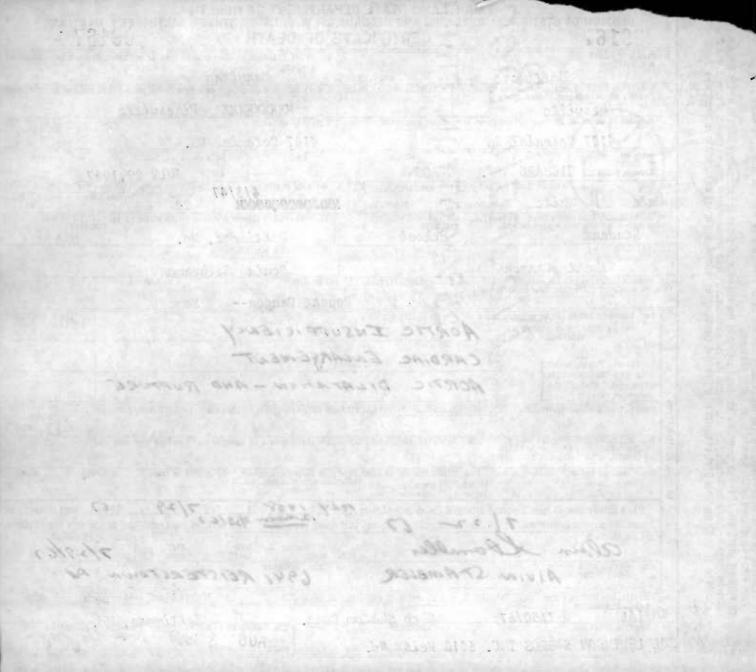
MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY bon papers. Pages 1 within 72 hours after after Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Pikesville Pikesville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 Colonial Rd 4107 Colonial YES NOY completely inversely investigation of the compound of the complete of the comp executed within NAME OF 3. First DATE Middle Last Month Day Year DECEASED OF RICHARD DRAGON J. (Type or print) DEATH JULY 29,1967 19 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 4/3/479. 7. MARRIED NEVER MARRIED last birthday) | Months | and Days Hours Male White 20 WIDOWED **OIVORCED** nding physician a Then please re-removal, and In a 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? School Student Baltimore. LISA certificate 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME attending permit. Ther Robert Dragon Silberman Sonia 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? ed by the attend transit permit. cremation, or r 16. SDCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) Robert Dragon--Same in signed by the burial-transit r burlal, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 18. ONSET AND OEATH PART I. OEATH WAS CAUSED BY: INSUFF PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the bandled be filed with the State Dept. of Health prior to b gave rise to immediate DILATATION - AND RUPTURE DUE TO cause (a), stating underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While retained by p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from MA 1958 2, and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED pe ATTENDING M.O. O HOSPITAL C PHYS. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 7/30/67 Oheb Shalom Cong REC'O BY REGISTRAR 25H REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 3 VR A15 (4) BROS INC. 6010 Reist Rd. 8 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09188 09168 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) any delay is 1, 2, and 3 to m PM3. Page o COUNTY o. STATE b. COUNTY Department of MARYLAND Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Woodlawn d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS farm 55 in Item 18. Give Pages 1716 Eutaw NO [ Baltimore County General Hospital Place YES after death. 3. NAME OF the Chief Medical Examiner's Office alang with First Lost DATE Doy Year DECEASED 22 (Type or print) XXXXXXX DRUMGOLE (DRUMGOLD DEATH July 1967 VIRGINIA with S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In veors birthdoy) Months Dovs Hours Jan 9, 1921 WIDOWED DIVORCED TO This certificate should be executed within 24 haurs after death Colored File pages 1 and 2 Female. YES. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Store North Carolina Checker pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 72 haurs Albert Smith Corrina Evans .⊆ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) "pending" within 310 Jones Street Bettie Peace 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit event ONSET AND DEATH Rheumatic Heart Disease IMMEDIATE CAUSE (o) writing the ward DUE TO in any Conditions, if ony, which gove (b) be farwarded ta rise to immediate couse (a). DUE TO stoting the underlying couse 0 and OS lost. be used crematian, ar remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION please execute the cc tificate, YES w NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH files. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Page Not While far yaur Page at work ot work 21. I certify that I took charge of the remains described above, held an Autapsy K may be retained far FUNERAL DIRECTOR: Inspection Inquiry and in my apinion death resulted fram: funeral directar. Natural causes X Accident Suicide Hamicide Undetermined monner 5 may TO FUNERAL ... Health prior to b CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE necessary, DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) Russell S. July 22. 1967 Fisher M D NAME OF CEMETERY OR CREMATORY the 23o. BURIAL CREMATION 23d. LOCATION (City or Town) REMOVAL (Specify) Burial 7-26-67 Arbutus Mem. Pk Arbutus. Maryland 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 Arlington S. Phillips 1727 N. Monroe Street

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MARYLAND STATE DEPARTMENT OF HEALTH

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The EXAMINER. This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files.  1008: Page 3 should be used as a burial-transit permit. File pages 1 and with designated agent, prior to burial, cremation, or removal, and in any event within the signated agent, prior to burial, cremation, or removal, and in any event within the signated agent, prior to burial.	100 - 213/09/1620 HNNH H. JUNIHY 7	INTERVAL BETWEEN
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EXA Shoul files.	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
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Page 4	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	7/5/6-
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09171 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b C CITY OR TOWN (If corparate limits, write RURAL and give nearest town the RURAL and give negrest town) OWSON DOC TOWSON d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS NO X YES NAME OF First DATE Day Year campletely DECEASED OF DEATH 19 Gc 1 (Type or print) 1F UNDER 1 YEAR SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED (ast birthday) Months Days Haurs WIDOWED DIVORCED and in any and 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during mast af warking life, even if retired)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09172 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY BALTIMORE MARYLAND BALTIMORE b. CITY OR TOWN (If autside carparote limits, c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town c. LENGTH OF STAY IN 16 LTIMORE WEEKS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? 1203 CATHEDRAL BALTIMORE MEDICAL CENTHA NO IX 3. NAME OF Middle 4. DATE Year DECEASED FLBON PAULINIE (Type or print) DEATH NEVER MARRIED IF UNDER 1 YEAR 6. COLOR OR RACE 9. AGE (In years 7. MARRIED lost birthday) Months Days 2-28 WIDOWED DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired **INDUSTRY** COUNTRY? AGLENCY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaya SIMMON S CLEVI=LAND 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor ar dotes of service) crematian. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) 170X **DUE TO** Kars Canditians, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying cause **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital or attending PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO one 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram. 19 6 and that death accurred at 11:10 P.M. fram causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR 22c. PHYSICIAN'S 22d. **ADDRESS** POLINESS 10M 58 GBMC 23o. BURIAL CREMATION 23b. DATE THEREOF (County 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY e. STATE Balto. Md. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rockdale 21207 Rockdale within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM 8331 Loberty Rd 8331 Liberty Rd. complefely YES NO executed carbon paper 3. NAME OF Middle 4. DATE Month Day Year DECEASED NES 26-(Type or print) DEATH 196 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and NEVER MARRIED last birthday) event, 1894 WIDOWED TO DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) USA no housewife Balto: Md. please C 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending Mary Hanafin and William H. Aestor Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 21163 (Yes, no. or unknwn) | (If yes give war or dates of service) The law requires that Mrs. Matina Zopf. Old 'ourt Rd. Woodstock, Md permit. the hospital or attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] certificate has been signed by 0 ONSET AND DEATH Myocardial Sufaret PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) burial-transit Hyperteusive Auterioschrotie eVD DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY S 0 CERTIFICATION PERFORMED? use prior NO detached for 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) DIRECTOR: After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ö factory, street, office bldg., etc.) Not While Hour a.m. While Dept. at work at work 9 plnous State 26-19.67, and that death occurred at 9 P.M. from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE SIGNED director, page 3 ATTENDING 7-26-67 HOSPITAL DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S CAUERO 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 3310 Taylor Ave; Balto; Md. Parkwood Cemburial REC'D BY REGISTAGE 756. REGISTRARYS SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Loring Byers, 8728 Liberty Rd; Randallstown, Md. DATE VR A15 (4 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09174 CERTIFICATE OF DEATH death The law requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) the funera a. COUNTY o. STATE Baltimore b. COUNTY Baltimore MARYLAND b, CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Lutherville Years Lutherville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 00 8 Felton Road YES NO hin 8 Felton Road nove carbon NAME OF First Middle 4. DATE Last Manth Doy Year and completely DECEASED event, Richard DEATH July (Type ar print) Evov 19 67 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED x **NEVER MARRIED** last birthday) Months Days Haurs WIDOWED DIVORCED July 2, 1894 White Male 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign cauntry) 12. CITIZEN OF WHAT and in a please during most of working life, even if retired) INDUSTRY COUNTRY? physician Sales Manager Baltimore, Maryland U.S.A. John Deere Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Joseph Evoy Mary Ellen Justiana signed by the attending burial-transit permit. Th 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give war or dates of service) Mrs. Margaret E. Eyov 8 Felton Rd. 21093 213-03-6786 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and in INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise ta immediate cause (o). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION YES [ NO PHYSICIAN: for 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached f te Dept. af I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED Hour a.m. Ngt While foctory, street, office bldg., etc.) ATTENDING at wark at work 21. 1 certify that (1) (this haspital attended the deceased from director, page 3 should should be filed with the 1066, and that death occurred at\_ M, from lauses and on the date stoted abave saw the deceased olive on, 220. SIGNATURE DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 92 PHYSICIAN'S Page 4 may BLAZEK NAME (Type) RLES 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23b. DATE THEREOF (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) Baltimore, Maryland 7/15/67 New Cathedral Cemetery 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Minules 1967 Wm. Cook-Brooks Towson 1050 York Rd. 21204 20 M 1/66

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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	DECEASED EVER IN U.	C ADMED CODICECO		SOCIAL SECURITY NO.	17. IN	FORMANT		Addr	1.		
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10.	TAUSE OF DEATH	Enter only one cous	se per line for	(o), (b), ond (c).)		_					BETWEEN
10.	PART I. DEATH WAS	S CAUSED BY:	0	(o), (b), and (c).)	birali	my failer	u				ND DEATH
10.	PART I. DEATH WAS	S CAUSED BY: IMMEDIATE CAUSE (	(o) la	(o), (b), and (c).)	birali	my failer	u				
	PART I. DEATH WAS	S CAUSED BY: IMMEDIATE CAUSE ( DUE	(o) <b>La</b>	(o), (b), and (c).)	pirali	my failer	u_				
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Condi	PART I. DEATH WAS	CAUSED BY: IMMEDIATE CAUSE ( DUE  gove le (o), Couse  DUE	(b) <u>la</u>	(o), (b), and (c).)	g.g.	blewing	u_			ONSET A	ND DEATH
Condinise to stotin last.	PART I. DEATH WAS itions, if ony, which o immediate cous ig the underlying	GOUSED BY:  IMMEDIATE CAUSE ( DUE  1 gove 1 couse  DUE	(o) <u>(a)</u> 10 (b) <u>me</u> 10 (c)	rois-responsive	birali 4. 9.	by failer bleeding	NDITION GIVEN I	N PART 1(o)		ONSET A	AUTOPSY
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely, directar, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon shauld be filed with the State Dept. af Health prior ta burial, cremation, ar removal, and in any event, with the State Dept. af Health prior ta burial, cremation, ar removal, and in any event, with the State Dept. af Health prior ta burial, cremation, ar removal, and in any event, with the State Dept. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

carbon dapers. Pages y and ether within 72 hours after death filled in by the

COMMERCIAL PROPERTY OF THE PRO tariois-rupicalry failure margine G. 3 Herring 7.21 67 120 7 21 67 House Madrie X 7.22 67 The state Teacher and the second second

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212QL 09176 CERTIFICATE OF DEATH thed in by the funeral and 2 and 2 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Baltimore o. STATE Maryland Baltimore MARYLAND b. CITY OR TOWN (If autside corparote limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest tawn) Baltimore Baltimore d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) within 721 6660 Loch Hill 6660 Loch Hill Road NO TA 3. NAME OF First Middle Lost 4. DATE Doy Year the attending physician and completely sit permit. Then please remaye carban DECEASED 1967 Fetherolf July Ethel (Type or print) DEATH B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1900 lost birthdoy) Hours July 16th Female White WIDOWED DIVORCED and in any 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) USA WITHY? during most of working life, even if retired) **INDUSTRY** Medford, Wis. 14\_MOTHER'S MAIDEN NAME Enameline McKey 13. FATHER'S NAME or remayal. Joseph Morrow 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor ar dates of service) 214-26-7748-J1-Mrs. EthelF. Mills crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ateuro ochenotie Heart Disease with africa ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by Timbetel mixu burial, Canditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been shauld be detached far use as the (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION with the State Dept. of Health NO F 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or tawn) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year foctory, street, office bldg., etc.) Hour a.m. Not While . 1966 to 1967, that (1) (we) last 21. I certify that (I) (this haspital), attended the deceased from. DO.C-1967, and that death occurred at M, fram causes and on the date stated above. saw the deceosed alive on, 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. llerace M.D. PHYS DIRECTOR 22d. ADDRESS director, page shauld be file 22c. PHYSICIAN'S NAME (Type) Dr. Ceasar Pellerano Glenmont Road 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF BUP 1 (Specify) Loudon Park Cem. Balte. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Villares VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ttems #8 & 9 Film #G391 8/3/67 ph MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 3 to Page Maryland Baltimore MARYLAND delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) pup Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? alang with farm in Item 18. Give Pages Spring Grove Hospital 1702 Lombard Street NO [ 24 haurs after death. NAME OF DATE Year DECEASED DEATH (Type or print) July FLORINE FTELDS IF UNDER 1 YEAR S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months Dovs death DIVORCED WIDOWED Female White 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even it retired) INDUSTRY COUNTRY ? hours after the certificate, writing the word "pending" in pencil in 14 shauld be farwarded to the Chief Medical Examiner's GINIA 13. FATHER'S NAME This certificate shauld be executed within WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT within 72 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) MOORE MIDDLEBERG CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit event 1 PART I. DEATH WAS CAUSED BY ONSET AND DEATH Fatty infiltrate of liver IMMEDIATE CAUSE (o) \_ DUF TO any Conditions, if ony, which gove rise to immediate couse (a). ⊆ DUE TO stoting the underlying couse pup PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayal, PERFORMED? YESXX NO pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld PRIMARY Or CONTRIBUTING Or CAUSE OF DEATH crematian, MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page ot work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry ond in my opinion deoth resulted from: Accident . Homicide directar. Notural couses Suicide 1. Undetermined monner CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUN Health P Address (Street, city, town, or county) NAME (Type) July 23, 1967 Russell DATE THEREOF 236. 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) REMOVAL (Specify) FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 4101 EDMONDSON AVE DATE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Baltimore City b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest lown) l'owson Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Stella Maris Hospice 4431 Alan aDrive YES NO V 3. NAME OF Middla 4. DATE Month Year d DECEASED OF (Typa or print) Kodan Kikackolasasia JOHN T. FIELDSETH DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED [ DIVORCED [ 646 remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stata, or foraign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, evan if ratired) Civil engineer Engineer Baltimore, Md USA please .⊑ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thorward Fieldseth Augusta Boedeker Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECONDE NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes giva war or dafas of service) IInknown 348-12-225 r. R Taylor McLean, Campbell Bldg. Towson permit. attending physician. 18. CAUSE OF DEATH [Entar only one causa per lina for (a), (b), and (c).] þ INTERVAL BETWEEN 9 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) burial-transit ASCV1 DUE TO Conditions, if any, which gave rise to immediate causa DUE TO (a), stating the undarlying causa last. the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use as 0 CERTIFICATION PERFORMED? prior NO Y 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) After this OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached be retained by 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not Whila DIRECTOR: af work 10/5/1/07 21. I certify that (i) (this hospital) attended the deceased from...... ....., 19....., Ihal (I) (we) last may 22a. SIGNATURE ATTENDING STAFF SIGNED HOSPITAL FUNERAL page DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS filed v NAME (Typa) Robert Mahon, M.D. 201 E Joppa Rd Towson 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county (Stata) の音品 REMOVAL (Specify) Loudon Park Cemetery Baltimore Md. 7/26/67 Burisl 24 FUNERAL DIRECTOR'S SIGNATURE HOWARD H. Hubbard, 4107 Wilkens Ave. BY REGISTRAR VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09179 09179 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY hours after MARYLAND b. (ITY OR TOWN) (If outside corporate limits, write RNRAL and give regress town) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft c. LENGTH OF STAY IN 1h c. CITY OR FOWN (If outside copporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled i NO N YES NAME OF Dov Year completely DECEASED OF DEATH (Type or print) AND 9. AGE (In years JE LINDER 1 YEAR 7. MARRIED NEVER MARRIED remave lost bigthdoy) Hours and in onv WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Lon Sho 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME buriol, crematian, or removal, WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO 17. UNFORMAN (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per tipe for INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. signed by Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse certificate has been Stote Dept. of Health prior to for use os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While attended the deceased fram director, page 3 should should be filed with the O FUNERAL DIRECTOR: and that death accurred at from causes and an the date stated obove saw the deceased alive on 22o. SIGNATURE MED. DIRECTOR M.D. PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 230. BURIAL CREMATION NAME/OF/CEMETERY-OR CREMATORY LOCATION (City, or Town DATE THEREOF deemen

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09180 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY . 2 Baltimore Maryland MARYI AND delay b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) 0. c. LENGTH DF STAY IN 1b c. CITY OR TDWN (If butside corporate limits, write RURAL and give nearest town) P.M3. F he Stote Deport Baltimore, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET- ADDRESS e. IS RESIDENCE ON A FARM? with form 620 Peach 620 Peach Orchard Lane Orchard Lane NO T Give Pages YES 24 hours ofter death. 3. NAME OF DATE Year Dov DECEASED July 1967 DEATH (Type or print S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH . NEVER MARRIED last birthdoy) Months Dovs Hours Item 18. DIVORCED WIDOWED June 17, 1907 Colored Office 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY ofter U.S.A . = Bedfore County, Va.,
14. MOTHER'S MAIDEN NAME 4 should be forworded to the Chief Medical Examiner's Laborer be executed within 13. FATHER'S NAME 72 hours Kate Thomas James Flood .= 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service within Wellie Palmer. 620 Feach Orchard No 1B. CAUSE OF DEATH (Enter only one coust per line for ( ( (b), and (c).) INTERVAL BETWEEN buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY event IMMEDIATE CAUSE (o) This certificate shauld the certificate, writing the word DUE TD ony Conditions, if ony, which gove rise to immediate couse (a), .⊆ DUE TO 0 stoting the underlying couse pup be used WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(0) removal, PERFORMED? CERTIFICATION 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) 3 should 0 PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: **CAUSE OF DEATH** cremotian, 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m foctory, street, office bldg., etc.) Page Not While of work 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection Inquiry and in my apinian FUNERAL DIRECTOR: death resulted fram: the funeral director. Natural Causes Suicide Hamicide Undetermined manner be retained CHIFF MEDICAL EXAMINER 22. MATE SIGNED ASSISTANT MEDICAL EXAMINER prior DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type Address (Street, city, town, w cou 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 50 REMOVAL (Specify) Baltimore Maryland
RAR 25b. REGISTRAR'S SIGNATURE Mt. Auburn 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A 15ME (5) DATE AUG Ochanles Judge 1967 6M 1/67 Charles R. Law 802 Madison Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09181 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09181 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) · Balltimore Maryland b. COUNTY delay is and 3 ta Page MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 M3. Baltimore. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS State Dep IS RESIDENCE drm ON A FARM? St. Joseph's Hospital 2810 Elsinore Avenue NO YES in Item 18. Give Pages 24 hours after death. Office alang with 3. NAME OF Middle First Lost 4. DATE Month Doy Year DECEASED FOOTE July. 23, 67 Mayoll 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED 48 yrs. Months Hours Male Negro 72 haurs after death. WIDOWED T DIVORCED 1-2-1919 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote .or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY in pencil in l Examiner's ( Chauffer Beltimore Maryland
14 MOTHER'S MAIDEN NAME Tand U.S.A. 13. FATHER'S NAME This certificate shauld be executed within Mawell P. Foote Ranga Protochuren 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address writing the word "pending" is rwarded to the Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service) within / Sarah Foote Byrd. yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease INTERVAL BETWEEN burial-transit ONSET AND DEATH event IMMEDIATE CAUSE (a) DUE TO in any Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse farwarded and 19. WAS AUTOPSY remayal. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? please execute the certificate, pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld ā PRIMARY Or CONTRIBUTING O MEDICAL EXAMINER: CAUSE OF DEATH crematian, MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Vaur Not While ot work 21. I certify that I took charge of the remains described above, held an Autopsy [X] Inspection Inquiry [ and in my apinian for FUNERAL DIRECTOR: Natural causes X Accident death resulted fram: funeral directar. Suicide | Homicide | Undetermined manner be retained CHIEF MEDICAL EXAMINER prior ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 7/24/67 **EXAMINER'S** Werner U. Spitz Health Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION. (County) 50 REMOVAL (Specify Baltimore, Maryland Baltimore Nata 7-27-67 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 25 Misules Judge 1967 Charles R. Law 802 Madison 6M 1/67 DATE

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Perial 7-27-67 Paltimore No.

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nplotely imed in by the funeral papers. Pages 1 and 2 should 24 hours after 78 hours after death.

O HOSPITAL

ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4

be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 78-be

TO HOSPITAL

death. Page 4

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E. be filed with the 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

- 13:02						0 0 10 10	
1. PLACE OF DEATH			2. USUAL RESI	DENCE (Whara da		stitution: Residence before e	dmission)
e. COUNTY	ALTO. CO.	MARYLAND	a. STATE Ma.	ryland	b. COUNT	Haltier .	De-
b. CITY OR TOWN (if a		c. LENGTH OF STAY IN 16	c. CITY OR TOV	WN (If outside corp	orate limits, writa	RURAL and give nearest tow	n)
Sparrow		52 yrs.	Sparro	wsPoint		121	
		in hospital, give street address)	d. STREET ADDI				SIDENCE
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3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Dey Year	
(Type or print)	MARY	WILLIE	FOSTE	DESTR	7	28 19	67
5. SEX	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED 1 8	. DATE OF BIRTH			F UNDER 1 YEAR   IF UNDER	24 HRS.
F.		DOWED TO DIVORCED	2-14-1	887	lest birthdey)	Months Deys Hours	Min.
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Housewi		Vone	Dunlana 1		**-		
13. FATHER'S NAME	10	Home	Drakes 1		va.	U.S.A.	
CHARLIE	LEWIS			NNIE LEV	IT C		
15. WAS DECEASED EVER		16. SOCIAL SECURITY NO. 17.	INFORMANT	ANTE DET	Address		
(Yes, no, or unkown) (Ify		0)					
		e per line (pr (e), (b), and (c).]	r. James	Foster	10	18 I Street	
PART I. DEATH	WAS CAUSED BY:	Irteroscle	rotec	Heart	t Dis	LOOSO ONSET AND	DEATH
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Conditions, if eny,							
gave rise to immediate (a), stating the unc	DITE TO						
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PART II. OTHER S	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIVE	PERFO	NO NO
PART II. OTHER S	CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURED	). (Enter neture of injui	ry in Pert I or Pert I	l of item 18.)		1
20c. TIME OF INJURY	Y Month, Dey, Yeer		CE OF INJURY (Homa		y or town)	(County)	(State)
Hour e.m.	19	While Not While fac	tory, street, office bldg	., arc.) ;	1		
			7/1//	19 to.	7/28	100/ that (1)	(wa) lar
	7/-	attended the deceased from.				, 19 (1) (	
saw the decease	d alive on	19( and that	death occured	at	n the causes a	nd on the date state	
228. SIGNATURE	o C fall	may "	ATTENDING PHYS.	MED.	STAFF PHYS.	7/28	DATE SIGNED
22c. PHYSICIAN'S. NAME (Typs)	THEO.C	PAHERSON	22d. ADDRESS	main	st	21222	-
23a. BURIAL, CREMATIO	N, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, low	n or county) (S	teto)
REMOVAL (Specify) Burial	7-31-6		dem. Park	Ar	butus.	Marylan	nd
24 FUNERAL DIRECTOR'S		ADDRESS				STRAR'S SIGNATURE	
			CA DAT	1111 2 1	1967	Charles Jula	A
MORTON &	DYETT F.H.	1701 Laurane	CA DAI	T O T	1001		

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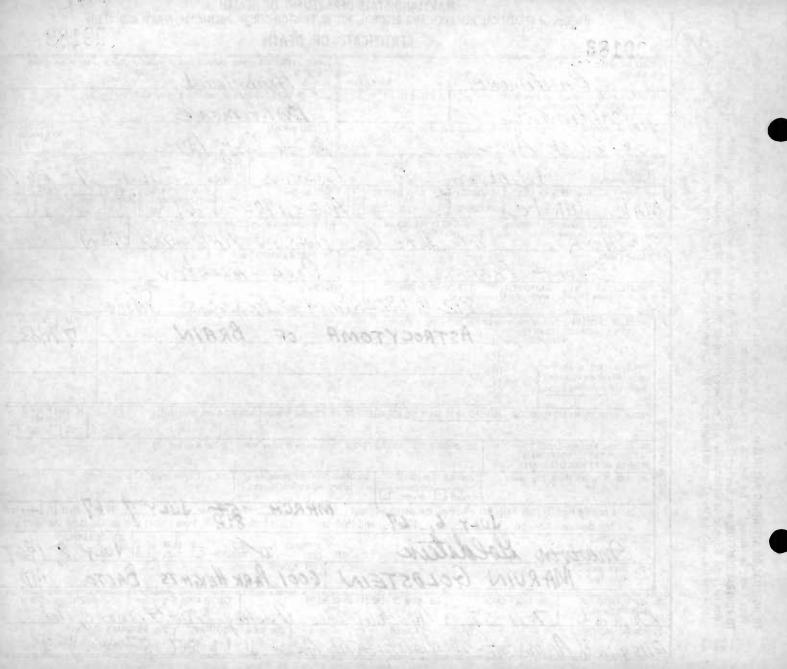
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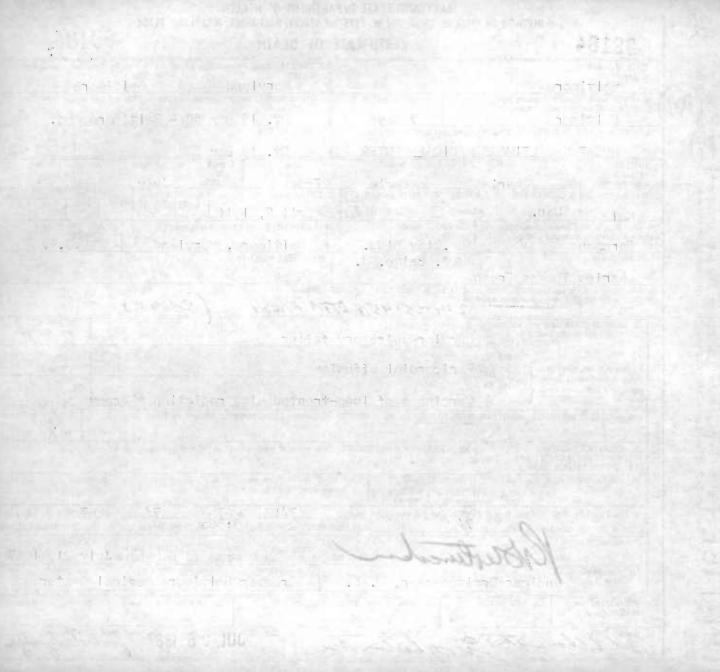
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Burist .7-21-67 Arbutus Nem. Fark Crimens, Varyland

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09183 CERTIFICATE OF DEATH 09183 24 hours ofter deoth pup PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) the ottending physician and campletely filled in by the funeral sit permit. Then please remove carban papers. Pages 1 and nation, ar removal, and in any perent, within 72 hours after degination, ar removal, and in any perent, within 72 hours after degination. a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RUNAL and give nearest tawn) d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) ON A FARM? 3626 00 YES NO [ requires that the death certificate be executed within NAME OF Middle DATE First Day Year DECEASED LLIam DEATH 19 6 AGE (In years IF UNDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County during most of working life, even if retired) GINCPR 13. FATHER'S NAM WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yey, na, ar unknawn) (If yes give war ar dates af service) crematian, ar 25 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit p buriol, crematic PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) physicion. DUE TO Canditians, if any, which gave (b) rise ta immediate cause (a), DUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 3 shauld be detoched far use as the with the State Dept. af Health prior ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While at wark 21. I certify that (I) (this haspital) attended the deceased fram. 3 shauld , and that death accurred at R.P.M., fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING M.D. PHYS. DIRECTOR director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, SEMOVAL (Specify) 23d. LOCATION (City or Town) (Caunty) (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Ochanles



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09184 09184 CERTIFICATE OF DEATH funeral 1 and 2 ter death. 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore Maryland MARYLAND Baltimore by III. b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Baltimore Rt. 15 Box 58 - Baltimore. 7 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Filled in GREATER BALTIMORE MEDICAL Rt. 15 Box 58 YES 🗍 NO K The law requires that the death certificate be executed within 3. NAME OF First Middle 4. DATE Month Year Day DECEASED (Type or print) Charles Farle Fresh DEATH July S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. remave last birthday) Manths Haurs and in any Cau. WIDOWED DIVORCED April 2. 1911 Male pup 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a Un.Clay Bldg. during mast af warking life, even if retired) COUNTRY? U.S.A. Baltimore, Maryland Foreman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal. Mat. Balto.Md. Charles Thomas Fresh Heck 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, na, ar unknawn) (If yes give war ar dates of service 0 14-05-4578 ETTA FACSH burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH Cardiorespiratory failure IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave Pericardial effusion rise ta immediate cause (a), DUF TO has been s se as the t th priar ta b stating the underlying cause (c) Carcinoma of lung-treated with radiation therapy PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES X NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) TO FUNERAL DIRECTOR: After this (County) (State) Nat While Haur a.m. factory, street, affice blda., etc.) at work 7/19 , 19 67 , to 7/20 , 19 67, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram\_ 1967, and that death accurred at 5:30 pM, from causes and an the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED July 21. 1967 DIRECTOR director, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Rudiger Breitenecker, M. D. Greater Baltimore Medical Center 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) REMOVAL (Specify) 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE RAI DIRECTOR Lenewet 3 31.17 Chestur Ave.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Page D e Department of MARYLAND Maryland
c. CITY DR TOWN (It autside corparate limits, write RURAL and give nearest town) b. CITY DR TOWN (It outside carporate limits, write RURAL and give nearest tawn) delay ond 3 1 c. LENGTH DE STAY IN 1b PM3. d STREET ADDRESS d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? Office olang with form 00 Majestic Distillery in Item 18. Give Pages 2030 E. Biddle Street 24 hours after deoth. Year DECEASED the (Type or print) DEATH 6. COLOR OR RACE S SEX AGE (In years IF UNDER 1 YEAR 7. MARRIED IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Dovs event within 72 hours after death WIDOWED DIVORCED Colored Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) to the Chief Medical Examiner's LABORF in pencil i MEDICAL EXAMINER: This certificate should be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME permit. File WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY ND (Yes, no, or unknown) (If yes give wor or dates of service) pending" 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit PART 1. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Hypertensive Cardiovascular Disease pleose execute the certificate, writing the word DUE TO in ony Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TD stoting the underlying couse be forwarded D. last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY or removol, CERTIFICATION PERFORMED? NO pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 1B.) 3 should 4 should b PRIMARY Or CONTRIBUTING CAUSE OF DEATH cremotian, MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, farm, 20d. INJURY DCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While may be retained for yaur FUNERAL DIRECTOR: Poge Poge ot work ot work 5 may be retained for y TO FUNERAL DIRECTOR: P Health priar to buriol, a 21. I certify that I taok charge of the remains described above, held an Autopsy [x]. Inspection Inquiry and in my apinion funeral director. death resulted fram: Natural causes x Accident Suicide T. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY necessory, DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) Russell July 3, 1967 . Fisher. the 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) -(County) REMOVAL (Specify) CREEK SUMTER EMOVE FUNERAL DIRECTOR VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

262 7.00 Heart Will The second of th Depth S. Market 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09186 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 09186 HEALTH DERI PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COLINTY Page 5 5 MARYLAND delay and 3 t b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) PM3 ve neorest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? farm in Item 18. Give Pages YES NO D 24 haurs after death. with the Stat DATE OF DEATH Examiner's Office along with NAME OF Middle Year Day DECEASED 1sie (Type or print) 6. COLOR OR RACE NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 7. MARRIED lost birthdoy) Months Doys Hours WIDOWED X DIVORCED 72 hours after death pages land 2 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working INDUSTRY Pacher be executed within pencil 13. FATHER'S NAME File MARNER = 15. WAS DECEASED EVER IN U.S. ARMITO FORCES?
(Yes, no prunknown) (If yes give wor or dotes of service) INFORMAN 16. SOCIAL SECURITY NO permit. Chief Medical pending 10H-2130SouthlAN within 18. CAUSE OF DEATH (Enter only one couse per line burial-transit event \ PART I. DEATH WAS CAUSED BY AND DEATH IMMEDIATE CAUSE (o' writing the ward This certificate shauld DUE TO he any Canditions, if ony, which gove rise ta immediate cause (a), 0 2 DUE TO stoting the underlying couse D. farwarded and OS lost. 19. WAS AUTOPSY PERFORMED? or removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION please execute the certificate, NO YES be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II of item 18.) 3 shauld PRIMARY ar CONTRIBUTING 4 shauld EXAMINER: CAUSE OF DEATH crematian, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. ydur factory, street, office bldg., etc.) Nat While 5 may be retained far yaur to FUNERAL DIRECTOR: Page ot work ot wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X ond in my opinion Inquiry Natural causes death resulted fram: Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ta 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral O DEPUTY DEPUTY MEDICAL EXAMINER necessary, EXAMINER'S Health NAME (Type Address (Street, city, tawn, ar caunty) BURIAL, CREMATION, 23b. DATE THEREOF (Stote) REMOVAL (Specify)

REMATION

4. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67

BOLVES IN ARREST ANTAUTHOUS SAME DE DONNE the state of the s The boundary of the second of The same of the sa Contain Vacante A CONTRACT OF THE STATE OF THE TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the directar, page 3 shauld be detached for use as the burial-transit permit. Then please reinfove carban papers. Pages shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after

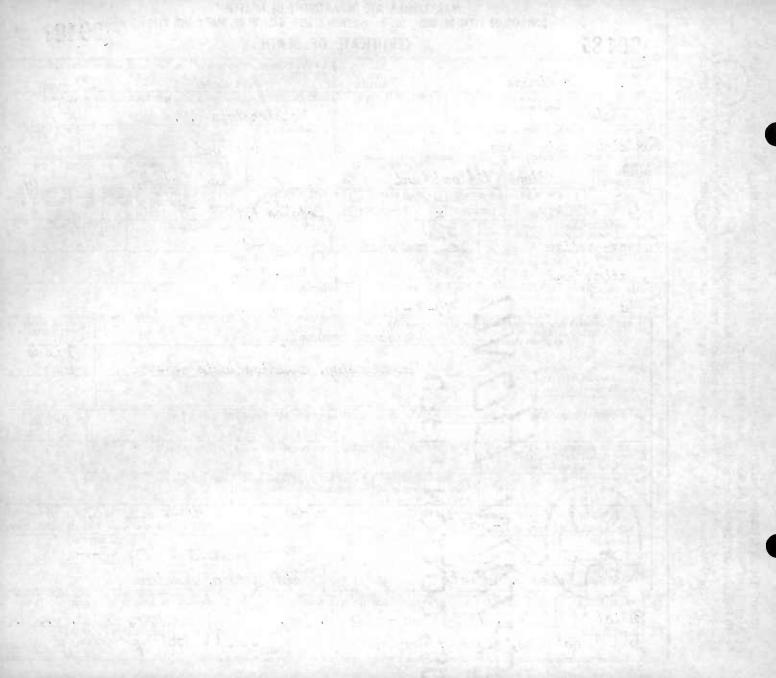
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09187

09187

CERTIFICATE OF DEATH

	PLACE OF DEATH a. COUNTY	Baltimore		***************************************	14110	2. USUAL RESIDENCE (	Where deceas	h COLIA				on)
	h CITY OR TOWN (	f outside corporate limit	c	c. LENGTH OF STAY II		c. CITY OR TOWN (If o			AL and dive		vice town	
	write RURAL and	give nearest tawn)	3,	C. ELHOIT OF STAT II	1 10	Reister			AL GIIG GIVE	licuresi	2 /	
-		AL OR INSTITUTION (If n	at in haspital a	ive street address)		d. STREET ADORESS	SCOURL	7.00		00	IS RESID	DENCE
7	. , ,	Vursing Hon			1		er Roa	d		1	ON A FA	NO 📑
	NAME OF DECEASED (Type or print)	Alan	(Lifto)	Middle rd Gent		Last	4. DATE OF DEATH	July 4	h	0оү	Yec	67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIEO		B. DATE OF BIRTH	9	. AGE (In years	IF UNDER		IF UNDER	
1	ale	White	WIDOWEO	0 IVORCEO		Outober 1.	1888	last birthday) 70 yrs.	Months	0 ays	Hours	Min.
dus	ing most of working			NO OF BUSINESS OR DUSTRY	1	11. BIRTHPLACE (County	& State, or fai	reign country)		IZEN OF UNIRY?	WHAT	
13.	FATHER'S NAME			1 1 0		14. MOTHER'S'MAIDEN	NAME					
	Orrick	Gent			WEL	Hannah (	OX					
		R IN U.S. ARMED FORCES? (If yes give war ar dates		OCIAL SECURITY NO.	17. 19	NFORMANT		Addre	iss	100		100
(10	No	None	2	19-36-0696	Fo	mily record	ds					
		ATH (Enter anly ane car 'H WAS CAUSED BY:	use per line for		1 1	,					RVAL BET	
11	PARI I. DEAI	IMMEDIATE CAUSE	(a)	erebro	al he	emorrhage						
12	3317	OUE	10	, ,			, ,		,	1 3	day	0
	Conditions, if ony, rise to immediat	e couse (a)	(b)	hyperte	ensic	n, arterio	sclosi	s genera	(	ye	ars	
.3	stating the unde											
	DADT II OTHER CI	CHIEICANT CONDITIONS	(c)	O DEATH BUT NOT BELL	ATEO TO T	HE TERMINAL DISEASE CO.	MOITION CIVE	N IM DADT 1/-		110	WAS AUTO	) PC Y
CATION	PART II. UTHER SI	GNIFICANT CONDITIONS C	ONIRIBUTING I	O DEATH BUT NOT RED	AIEU IO I	HE TERMINAL DISEASE CO	NUTTON GIVE	N IN PART I(C)			PERFORM	NO [
L CERTIFICATION		UNOERLYING  CAUSE OF OEATH MEDICAL EXAMINER)	20b. 0Es	SCRIBE HOW INJURY OF	CURRED. (	Enter noture of injury in	Part I or Par	t II af item 18.)				
MEDICAL	20c. TIME DF INJU Hour a.r p.r	10	20d. IN While at wark	JURY OCCURREO  Nat While at work		E OF INJURY (Hame, far ary, street, office bldg., etc		(City ar town)	(Cai	unty)		(State)
	21.   certifo saw the de	by that (I) (this has eceased alive an Z	pital) attend -3-67/	led the deceased	fram_C ind that	death accurred at	19, t	a <u>07-4</u> 1, fram causes			at (I) ( e stated	
	220. SIGNATURE	nes I	Jan	Hell	M.D	ATTENDING PHYS.	MEO. DIRECTOR	STAFF PHYS.		ATE SIGN		
	22c/ PHYSICIAN'S NAME (Type)	James G.	Saffel	I		Reister	stown,	Marylane	d			
230	BURIAL, CREMATIC	N, 23b. OATE TH	EREOF /	23c. NAME OF CEME	TERY OR (	REMATORY	23d. LO	CATION (City or To	wn)	(County)	(5	tate)
	REMOVAL (Specify	July 7	, 1967	Grace-Fa	Us 9		Rei	sterstow	r, Ba	lto.	(0.,	Md.
24	1. FUNERAL DIRECTO		Towsor	, Naryland	d	2Sa. REG	DBY REGISTE	AR 196 25b. RE	GISTRAR'S SI	IGNATUR	yno	ga



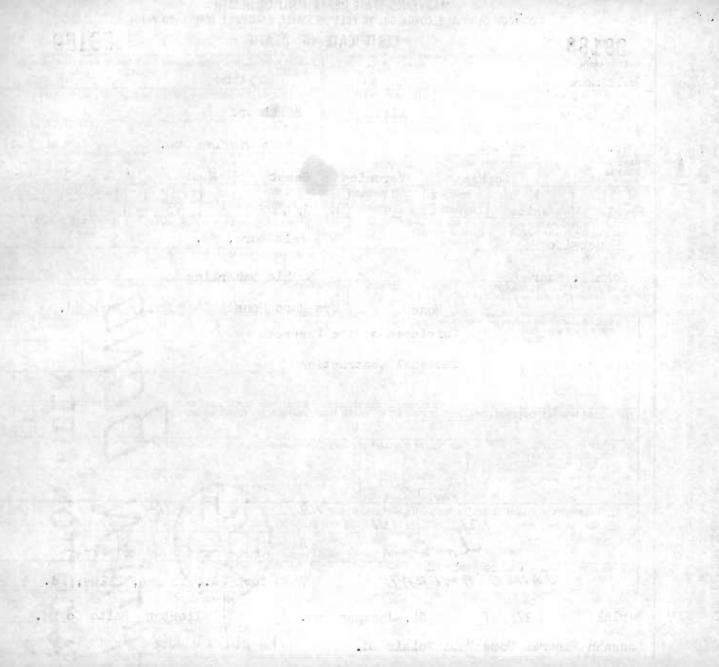
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 09188 CERTIFICATE OF DEATH

1.	PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where dece	ased lived, If institution: Re-	sidence before admission)
	Baltimore MARYLAND	B. STATE Uland	b. COUNTY	
-	b. CITY OR TOWN (if outside corporate limits.   C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corp.	orate limits, write RURAL e	nd give nearest town)
10	write RURAL end give nearest town)	20 11	,	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
10	(I not in nospital, give street address)	100 1 . 1	2	ON A FARM?
6	reater baltimore Medical Center	3607 40ch 1	raven 13LVI	YES NO
3.	NAME OF First Middle	Last 4. DATE	Month	Oay Year
	(Type or print) Gwendolyn Della Ge	rman DEATH	JULY 3	30 1967
5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	B. DATE OF BIRTH 9.	AGE (In years   IF UNOER 1	The state of the s
F	emale call WIOOWED DIVORCED	2/83/12	Months C	Days Hours Min.
	a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State,	or foreign country)   12. CIT	IZEN OF WHAT
uu	HOUSE WIFE OWN HUME	Baltimore, M	arilland col	NIRY A
13	FATHER'S NAME	14. MOTHER'S MAIOEN NAME	ar grana	
	Malthair Tacash while	TELLA OPLIA		•
19	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITYNO.   17.	INFORMANT	Address	
(Y	es, no, or unkown) (If yes give war or dates of service)			( sauce
		REDERICK A.	GERMAN	CZIME
	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	1 /		ONSET ANO OEATH
	PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Carouries My and	en Jalace		onger ring gerin
10	170X OUE TO			
	Conditions, If any, which \ (b)		200	
	gave rise to immediate cause (a), stating the DUE TO			
	underlying cause last. (c)		2.8	
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
PAT I		metastasso		PERFORMEO?
CERTIFICATION	20a ACCIDENT WAS LINGERLYING TO 1 20h DESCRIBE HOW INJURY OCCU		t I or Part II of Item 18.)	1123
12	OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
		CE OF INJURY (Home, farm,   20f. (C	the or town) (Coun	ty) (State)
MEDICAL		y, street, office bldg., etc.)	City or town) (Coun	(State)
Z	p.m. 190 at work at work			
	21. I certify that (I) (this hospital) attended the deceased from	3/25 , 1967 to_	130,196	2, that (I) (we) last
		death occurred at 11.36 M, from		
	22a. SIGNATURE	ATTENDAME MATER		TE SIGNEO
	Rating Basser M.D	ATTENOING MED. PHYS. DIRECTOR	STAFF   7/30	0/67
	22c. PHYSICIAN'S NAME (Type)	22d. AODRESS		0-1
	NAME (Type) RAHIM M. BASSOR	16.B.m.c.	TOWSON	, Md,
23	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOC	ATION (City, town or coun	ty) (State)
	REMOVAL (Specify) 8/2/1967 Oaklawn	B	alto. Co.	Md.
	FUNERAL DIRECTOR AOORESS .	1 25a. REC'O BY REGIST	TRAR   25b. REGISTRAR'S	SIGNATURE
H		ork Rd. AUG 1 19	967 Milane	Quedas
-	Balto.12, Md.	I ONIE O I IC	7011	

VR AIS (4) 20M 1/65

and the same of th resident frankriver i Alexander Paul De 12627 de ell'Adelen de l'in the case of the second HOUSE WHEEL SOME THE THE STANDARD STREET Charlet Bear Topology and Advantage Transfer LEGALANDE A PROMINE DE PROPERTIES HE TO LEAD TO SEE THE SECRET OF THE PARTY OF THE PROPERTY OF THE PARTY TAKEN BIZZING CHILD ... V. Banny V. , spiling V. Joos Co. 1. Sull North Mark Market Co. 1 100 Co. 1. Sull North Market C

5	- 1	1		DIVISION (		ARYLAND STATE DEPA ECORDS, 301 W. PRESTO			
	MA).		09183			CERTIFICATE	OF DEATH		09189
	foreration of and 2		PLACE OF DEATH a COUNTY Baltimore			MARYLAND	a. STATE Maryl	Where deceosed lived, if institution b. COUNT	PALTO.
	haurs after haups the fars. Pages hours after	1	Baltimore			c. LENGTH DF STAY IN 1b	Baltimor	utside corporate limits, write RURA	0311
0	lled in papers.			or Institution (If no ph Hospita		give street oddress)	d. STREET ADDRESS  9 East Ov	erlea Ave.	e. IS RESIDENCE DN A FARM? YES NO
*	e death certificate be executed within 24 haurs after attending physician and campletely filled in by the formation. Then please remave carbon papers. Pages I an, ar remaval, and in any event, within X2 hours after		NAME OF DECEASED (Type or print)		hia	Middle Veronica	Last Gerst	4. DATE Month OF 7	Doy Year 1 19 67
	d camp	1	Temale	s. color or race White	7. MARRIED WIDOWED	DIVORCED	B. DATE OF BIRTH 11/8/1893	last birthdoy) 73 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Haurs Min.
	tie be cian an	du	n. USUAL OCCUPATION (Gring most of working life Housewi	e, even if retired)		IND OF BUSINESS OR IDUSTRY	Baltimore	,	12. CITIZEN OF WHAT COUNTRY?
	certifica g physi lhen pl maval,		John F	Suhre			Sophia Deu		
	death Itendin ermit. n, ar rel	1S (Y		f γes give wor ar dates o	f service)	None Mr		Address	Neck Rd.
	equires that the physician. Signed by the burial-transit purial, crematical companies.		PART I. DEATH  Conditions, if any, we rise to immediate a stating the underlyillast.	ring cause DUE	(o) TD (b) Duc	cin, (b), and (c).) rcinoma of the odenal Obstruct			INTERVAL BETWEEN ONSET AND DEATH
	JING PHYSICIAN: The law re by the haspital ar attending free this certificate has been be detached far use as the State Dept. af Health priar ta	ATION	PART II. OTHER SIGN	IIFICANT CONDITIONS CO		TO DEATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMED? YES NO
	rspital certification for the far tar He	L CERTIFICATION	200. ACCIDENT WAS UI OR CONTRIBUTING ☐ (IF EITHER, NOTIFY ME	CAUSE OF DEATH		SCRIBE HDW INJURY OCCURRED.			
	by the has the rate this ce be detache State Dept.	MEDICAL	p.iii.	19	While of wor	Not While of foct	CE OF INJURY (Home, farr ory, street, office bldg., etc.	.)	(County) (State)
	R ATTENDIP retained by RECTOR: Aftendips 3 shauld be with the St		saw the dece	that (I) (this hos eased alive an_7	pital) otten 7/1/	ded the deceased fram_ 19_67_, and tho	5/6/ t death occurred at	19 67, to 7/1/ 11p M, from couses o	, 19 <mark>07</mark> , that (I) (we) land on the dote stoted obov
	OR AI be reta DIRECT je 3 sh ed with		22a. SIGNATURE	7	L <sub>m</sub>	vbras M.	D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. SX	22b. DATE SIGNED 7-1-67
	O HOSPITAL OR Page 4 may be a O FUNERAL DIRI director, page 3 shauld be filed v		22c. PHYSICIAN'S NAME (Type)	JAIME	AM	BRAD.	7620 York	Rd., Towson, 2	
	Page To Fun direct shaul		o. BURIAL (REMATION, REMOVAL (Specify)	7/5/67		23c. NAME OF CEMETERY DR St. Josephs C			n) (County) (Stote)  alto Co Md  ISTRAR'S SIGNATURE
	VR A15 (4)	1	4. FUNERAL DIRECTOR	neral Home	7/107	Relair Rd.	DATE J	JL 10 1967	Charles Jungs



. 1	1	MARYLAND STATE D  Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
		00400	TE OF DEATH	09190
funeral funeral s 1 and 2 ter deoth	1.	PLACE OF DEATH O. COUNTY ROLLING MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Right a. STATE b. COUNTY	Balta
af age		b. CITY OR TOWN (If autside carporate limits, with RURAL and give nearest town)  AAND ALLS LOWA  8 CA45	c. CITY OR TOWN (If outside carparote limits, write RURAL and	d give nearest tawn)
within 24 hours after a tely filled in by the function papers. Pages 1 c. within 72 hours after a	5	d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS 1362 Sudvale ROAD	e. IS RESIDENCE ON A FARM? YES NO
The low requires that the death certificate be executed within 24 hours oftending physician. has been signed by the offending physician and completely filled in by the se os the burial-transit permit. Then please remove carbon papers. Path prior to burial, cremation, or removal, and in on, every within 72 hours	3.	NAME OF First Middle DECEASED (Type or print)	Claser d. DATE Month OF DEATH 7-	Doy Year 4 — 1967
e executed with	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8-23-07 (last birthdoy) Mor	
ertificote be exe physicion and con the properties of the please remonoral, and in only	du	a. USUAL OCCUPATION (Give kind of wark done ring mast af warking life, even if retired)  HOUSEWIFE  10b. KIND DF BUSINESS OR INDUSTRY AT HOME	MARULAND	12. CITIZEN OF WHAT COUNTRY?
th certifica Jing physi Then plu removal,		FATHER'S NAME	14. MOTHER'S MAIDEN NAME  ETHEL  Shor	
he death e ottendin permit. tion, or rei	15 ()	es, no, or unknown) (If yes give war or dotes of service) UNUND CUD	HOSPITAL RECOM	
thot the death ce an. by the ottending tronsit permit. Th		B. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	tie of GN	ONSET AND DEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit should be filled with the State Dept. of Health prior to burial, crematen.		Conditions, if any, which gave rise to immediate cause (a),	break	
low reconding places is the brior to be		stating the underlying cause (c)	O THE TENNING DISTACT CONDITION COVER IN DADT 1/->	L 10 WAS ALITOPSY
N: The or otte or otte hos or use o eolth pr	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: The hospital or This certificate stached for u Dept. of Heol	AL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II af item 1B.)  PLACE DF INJURY (Hame, farm,   20f. (City or tawn)	(County) (State)
ING PH by the b ter this be deta tote De	MEDICAL	Haur a.m. p.m. 19 While Not While at wark	foctory, street, office bldg., etc.)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an	hat death accurred at AM, from couses and	, 19 <u>62</u> , that (I) (we) las an the date stated abave 2b. DATE SIGNED
y be re's DIREC		22c. PHYSICIAN'S	MCD. ATTENDING MED. STAFF PHYS. 22d. ADDRESS	7/4/67
ro Hospital Poge 4 may ro Funeral i director, pog	/ 20	o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	BALTIMORE COUNTY GENERAL  OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (Stote)
	1	o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF C		MARYLAND AR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH

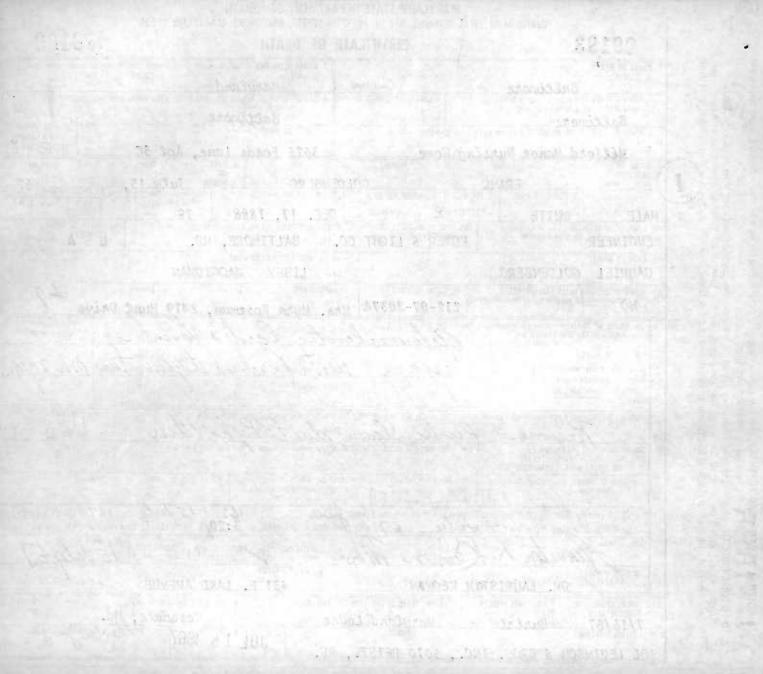
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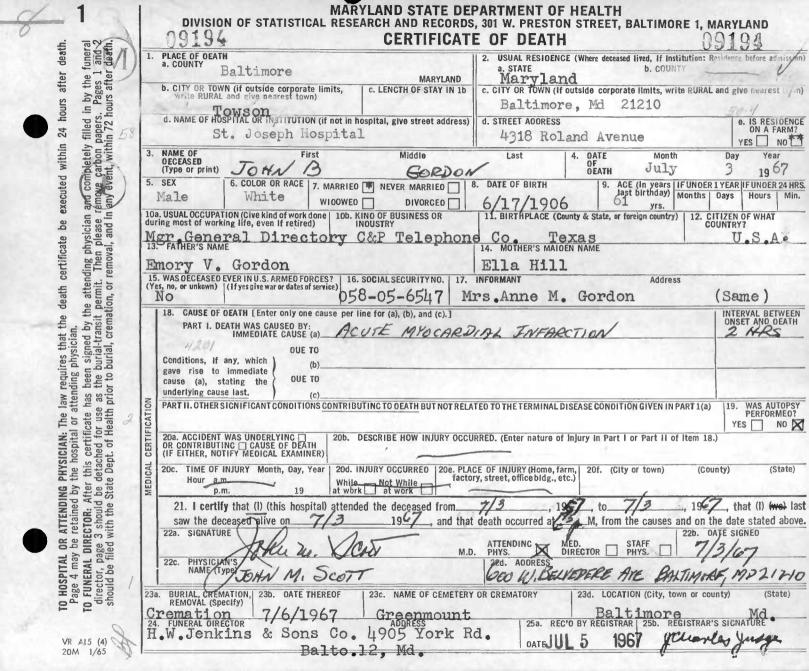
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09192 CERTIFICATE OF DEATH and 2 death. requires that the death certificate be executed within 24 haurs after death in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY O. STATE MARYLAND b. COUNTY BALTIMORE MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) BALTIMORE YEARS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 423 S. BENTALOU MASONIC HOME YES NO carban NAME OF Middle 4. DATE Month Year physician and campletely Day DECEASED IDA CATHERINE GLOSS 19 67 DEATH SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remave birthdoy) Months Hours WIDOWED TX DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired) please INDUSTRY COUNTRY? MARYLAND HOUSEWIF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRY G, MAHR MARY DIETZ 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) |(If yes give war ar dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address MASONIC HOME RECORDS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate YES for 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (Caunty) 20c. TIME OF INJURY Manth, Day, Year (State) Nat While Hour o.m. factory, street, affice bldg., etc.) 21. 1 certify that (1) (this haspital) attended the deceased fram that (I) (we) last , and that death accurred at 34 PM, fram causes and an the date stated above saw the deceased alive on\_ 22a. SIGNATURE 22b, DATE SIGNED M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, 236 NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Tawn) (County) (Stote) REMOVAL (Specify) estern TIMORE FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS 504 CRK Rd 2Sa. REC'D BY VR A15 (4) 20 M 1/66 BROOKS owson Towson Mod DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09192 09193 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Baltimore OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hays IS RESIDENCE ON A FARM? d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ND A Milhord Manor Nursing Home 3626 Fords Lane campletely fi NAME OF 4. DATE Middle Year DECEASED DEATH (Type or print) FRANK GOLDENBERG IF LINDER 24 HRS 9. AGE (In yeurs IF UNDER 1 YEAR 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH remave lost birthdoy) Months Hours WIDOWED DIVORCED In any WHITE MALE and 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY ? during root of working life, even if retired) LIGHT CO. BALTIMORE. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, GABRIE! GOLDENBERG MAGGIDMAN LIBBY 16. SOCIAL SECURITY NO 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no punknown) (If yes give wor or dotes of service 212-07-2037A Mrs. Myra Roseman, 2419 Hunt Drive burial, crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse the lost WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(0) NO ficate b 206. DESCRIBE HDW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH certi (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (Stote) (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While ot work 1965 to 15 Luly 1%"7 , that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 14 July 1967, and that death accurred at 3:20 M, from causes and an the date stated above FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR directar, page 3 shauld be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 431 E. LAKE AVENUE LAURISTON KEOWAN 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATDRY (County) (Stote) 23o. BURIAL CREMATION REMOVAL (Specify) Maryland Lodge
ADDRESS Rosedale. Md. Burial 7/16/67 24. FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REIST. RD.

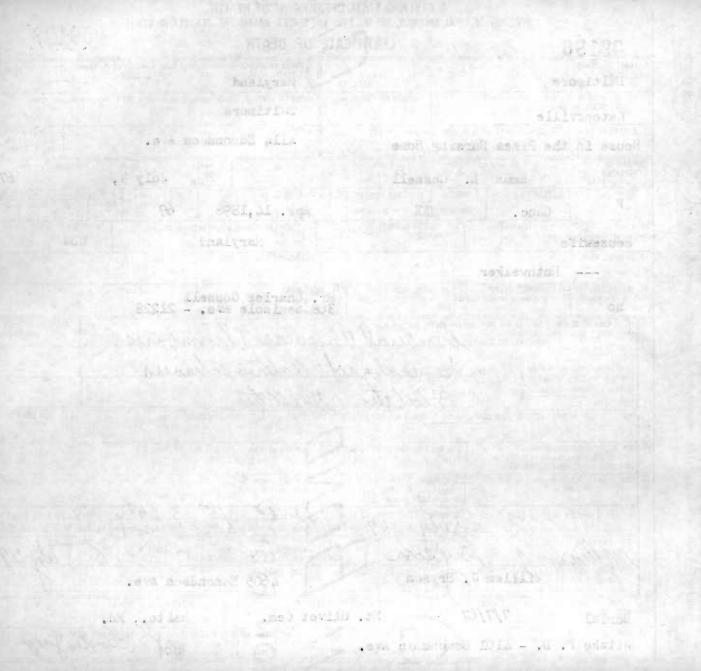




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GB M. C. BALTIMERE, BALLINGER, M. 21204 - Baltimore, HARRY LANCE CREATER BALLMORE MUDICAL CONFIT LATON H. CHARLES ST. 3 Boby GIRI GORSCHEOTH July 26 67 temate CAU. July 25, 1627 19 38 MIA NIA BALLMOKE, MAKYLOND USA ROBERT CARRELL CORSCHDOTH LORENING ALBERTA ALERANDEC A/A A/A Toward and Errory cremation 7/29/67 GBMC God Com E. Adams W.D. Poper C. July 1 1868

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09198 CERTIFICATE OF DEATH 09196 requires that the deoth certificate be executed within 24 hours after death Uneral Nond PLACE OF OFATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY timore o. Maryland b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest town) Catonsville c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 4114 Edmondson Ave. e IS RESIDENCE ON A FARM? House in the Pines Nursing Home YES NO NAME OF Middle First OATE Lost Month Doy Year pletely DECEASEO July 3, 67 Emma Gosnell (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** 0 log birthdoy) Months Hours remo Apr. 14.1898 DIVORCED ond in ony Cauc. WIDOWED puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT ottending physician opermit. Then please during most of working life, even if retired) INOUSTRY COUNTRY? Maryland 13. FATHER'S NAMI 14 MOTHER'S MAIDEN NAME or removol, Huthwalker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? informant r. Charles Gosnell 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service no Seminole Ave. - 21228 buriol, cremotion. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN the signed by the buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o). OUF TO far use as the k stoting the underlying couse ATTENDING PHYSICIAN: The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO certificote 20o. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH r this cer detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office blda., etc.) Hour 'o m Not While O FUNERAL DIRECTOR: After ot work 21. I certify that (I) (this haspital) attended the deceased fram 21. I certify that (I) (this haspital) attended the deceased fram 1967, that (I) (we) last saw the deceased olive on 3 1967, and that death occurred at 8 200 M, fram causes and on the dote stoted above. 1967, that (i) (we) last director, page 3 should should be filed with the 22o. SIGNATURE 22b. DATE SLGNED ATTENDING Dry Son M.D. DIRECTOR PHYS PHYSICIAN'S 22d. ADORESS William J Bryson NAME (Type) 4605 Edmondson Ave. 23o. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 7/7/67 Mt. Olivet Cem. Balto. Md. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'O BY REGISTRAR VR A15 (4) Witzke F. D. - 4101 Edmondson Ave. 25M 1/67 DATE



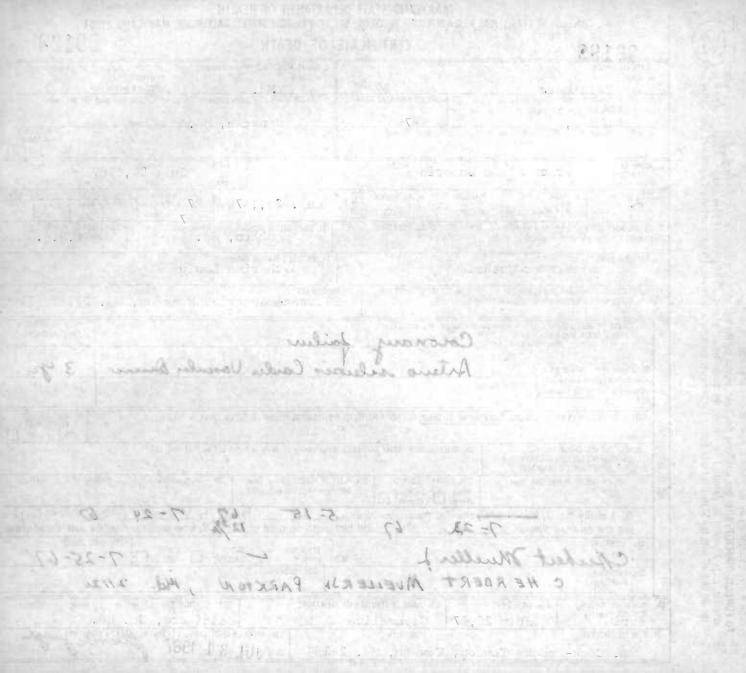
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09198 09198 CERTIFICATE OF DEATH death PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 3 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. SIAJE Maryland b. COUNTY filled in by the function papers. Pages 1 c Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h Cockeysville Towson 21030 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? campletely filled Greensway & Falls Road St. Joseph Hospital NO To 3. NAME OF ÷ × 4. DATE Year DECEASED Guetler remave car (Type or print) George Earl DEATH July 1967 S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 9. AGE (In years NEVER MARRIED last birthdoy) Months Dovs Hours and in any September 19,1918 WIDOWED DIVORCED White Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Powling Lane Mechanic Fairlanes, Inc. Baltimore, Maryland
14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME or removal. Minnie Oldham George P. Guetler 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes; no, or unknown) (If yes give war or dates of service Family records burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Pulmonary thrombo-embolism the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES 🚽 NO Carcinomatosis, primary in lung
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II af item 18.) **DIRECTOR:** After this certificate 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work ro Hospital or Attenbind Page 4 may be retained by 21. I certify that (this haspital) attended the deceased fram July 13, 1967, to July 22, 1967, that (4) (we) last saw the deceased alive of July 22, 1967, and that death accurred at 7:45 M, fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED July 22, 1967 DIRECTOR M.D. 22d ADDRESS 22c. PHYSICIAN'S O FUNERAL Reynaldo Orinela-Gomez, M. D. 7600 York Road, Towson 4, Md. 23o. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) (Stote) Pikesville, Maryland Druid Ridge (emetery 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 John Burns' Sons, Touson, Maryland

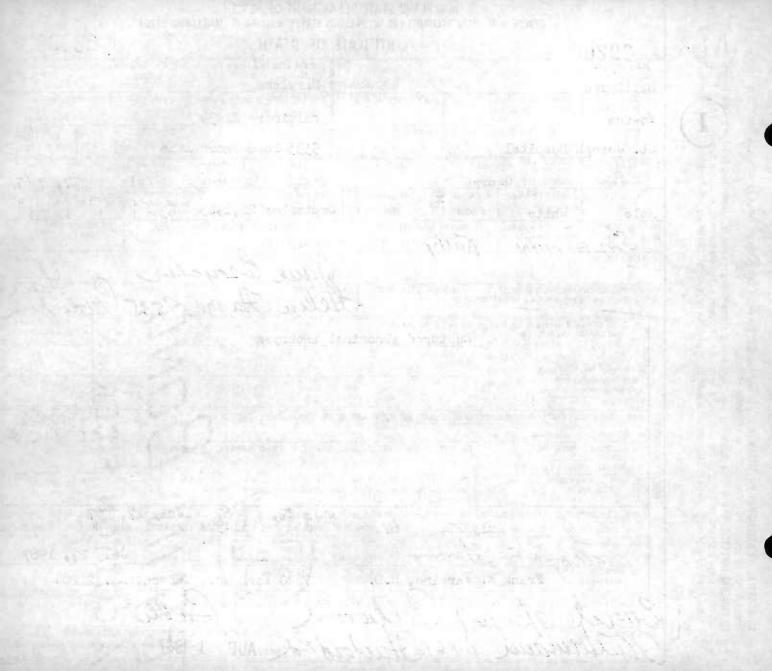
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Items #6 & 7 Film #G391 8/7/67 ph Items #6 & 7 Film CERTIFICATE OF DEATH 09199 24 haurs after death the funeral PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Baltimore Baltimore b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL ond give neorest town) Monkton Monkton Md d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON# FARM? YES NO T executed within 3. NAME OF Grace Slade Guthrie Lost 4. DATE July Month, 1967 Year DECEASED OF (Type or print) DEATH camplet Ed S. SEX B. OATE OF BIRTH Aug. 25, 1879 AGE (In yeors あな birthdoy) IF UNDER 24 HRS. IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Doys Hours and in any Whi te DIVORCED WIDOWED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country)
Monkton, Md. 12. CITIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or remaval, Alexander Guthrie Catherine Lanius 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, oi Nek nown) (If yes give wor or dotes of service) Florence Guthrie, Monkton, Md. 21111 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN signed by the burial-transit p burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY onary IMMEDIATE CAUSE (o) physician. DUE TO Dis Condia Vascular Disease Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse the has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? YES NO TO FUNERAL DIRECTOR: After this certificate far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Not While foctory, street, office bldg., etc.) of work TO HOSPITAL OR ATTENDING Poge 4 may be retained by the ot work 21. 1 certify that (1) (this hespital) attended the deceased fram 5-15 1967, to 7-24, 1967 that (1) (we) last 19 67, and that death occurred at 12 32 M, from causes and on the date stated above. saw the deceased olive an\_ 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S RBERT MUELLERJH PARKTON NAME (Type) director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify)
Burial Baltimore, Co. Md. Clynmalira July 26,67 25b. REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Wm. Cook-Brooks Towson, Towson, Md. 21204 OATE JUL 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 99200 CERTIFICATE OF DEATH 09200 executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY d STATE Maryland b. COUNTY Baltimore MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1h write RURAL and give nearest tawn) Towson Baltimore 21234 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? St. Joseph Hospital 9535 Powderhorn Lane YES NO campletely fi 3. NAME OF First Middle 4. DATE Last Month Day Year DECEASED George HAASE July 67 event. (Type or print) DEATH S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days September 22,1903 and in any White Male WIDOWED DIVORCED gud 10a. USUAL OCCUPATION (Give kind of work dane during max of warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT pe COUNTRY? Maryland OR ATTENDING PHYSICIAN: The law requires that the death certificate PALESMAN 14 MOTHER'S MAIDEN SAME 13. FATHER'S NAME or remaval, roucher 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH Ruptured abdominal aneurysm IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate cause (o), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate has NO X 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Hame, farm, (City ar tawn) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (Caunty) Hour a.m. factory, street, affice bldg., etc.) Nat While at wark at work **DIRECTOR:** After 21. I certify that (I) (this haspital) attended the deceased from July 27, 1967, ta July 27, 1967, that (I) (we) last saw the deceased alive an July 27, 1967, and that death accurred at 1:30M, from causes and an the date stated above. 22a SIGNATURE 22b. DATE SIGNED STAFF PHYS. □ July 27, 1967 DIRECTOR M.D. 7620 York Rd., Towson, Md. 21204 22c. PHYSICIAN'S Frank A. Faraino, M.D. FUNERAL NAME (Type) directar, shauld b BURIAL, CREMATION OF COMETERY OR CREMATORY (County) (State) 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Marily DATE AUG

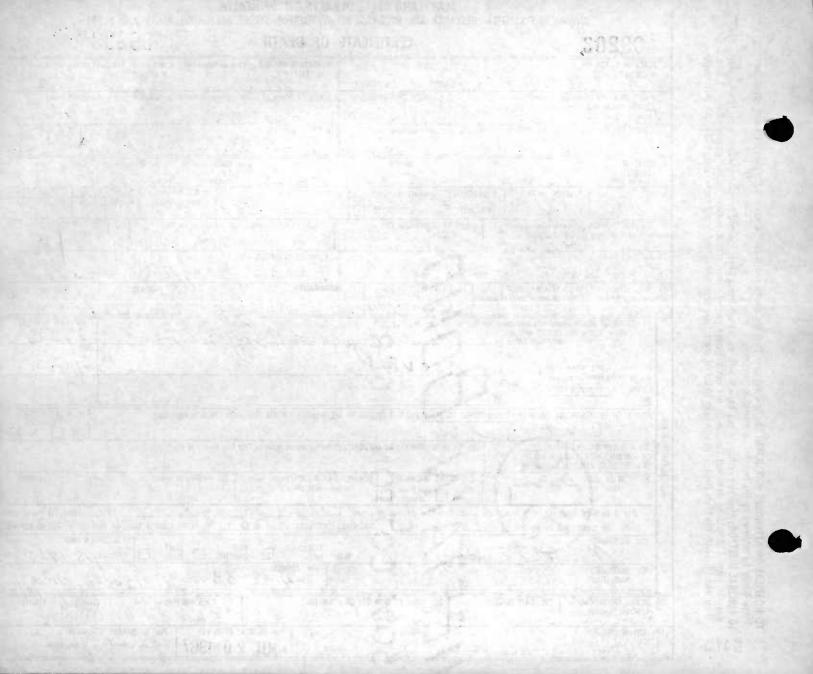


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09201 09201 FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Alleg. delay is and 3 to M3. Poge deoth. Baltimore MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Owings Mills, Md. after 14 vrs Westernport d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? pending" in pencil in Item 18. Give Poges 1, ef Medicol Examiner's Office olong with form hours Rosewood State Hospital 20 Main St. in Item 18. Give Poges YES NO X 24 hours ofter death. 3. NAME OF First Middle Lost 4. DATE Month Year DECEASED OF withthe Habeeb Peter July James 6 167 (Type or print DEATH DATE OF BIRTH S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED birthdov) Months Dovs Hours 7-12-29 Male White WIDOWED DIVORCED event puo 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S.A. poges I Keyser, W. Va. none pencil i 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME be executed within Nettie Slailey Joseph F. Habeeb and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) or removol, Rosewood St. Hosp. Records none 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia due to bolus of food in larynx IMMEDIATE CAUSE (o). s o buriol-tra cremation, o This certificate should writing the word DUE TO forwarded to the Conditions, if ony, which gove Mental Deficiency (b) rise to immediate couse (a), DUF TO stoting the underlying couse 00 buriol, c PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Spastic quadriplegia- Chr. Osteomyelitis YES T please execute the certificate, NO 0 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) agent, prior PRIMARY Or CONTRIBUTING should MESTAL EXAMINER: CAUSE OF DEATH. none none 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Rosewood St. Hosp moy be retained for your FUNERAL DIRECTOR: Page 7-6-67 19 Owings Mills Balto Md. ot work ot work designated Inquiry X 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection \* and in my apinian Natural causes . Accident X. the funerol director. deoth resulted from: Suicide Homicide 🔲 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6 Hanovarss She silv Red sternstown, Md. 10 **EXAMINER'S** 7-7-67 D. D. Caples, M. D. Heolth NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) 0 BUREMOVAY (Specify) Rosewood (emetery Owings Mills. Sons Reisterstown, Md. VR A15ME (S

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09203 lease remave carban papers. Pages 1 and and in any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) I. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY in by the run MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? filled i YES NO MENS Home within NAME OF DATE Last Doy Year camphetely DECEASED OF DEATH 6 19 (Type or print) ne requires that the death certificate be executed S. SEX 9. AGE (In years IF LINDER IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Hours Dovs DIVORCED WIDOWED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** mose 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar removal, the attending phys 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, ng. grunknawn) (If yes give war or dates af service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p AND DEATH IMMEDIATE CAUSE (a) DUE TO tscvD burial Canditians, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse as the prior tak Page 4 may be retained by the hospital or attending FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for USe of Health NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 should be detache shauld be filed with the State Dept. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, office blda., etc.) Not While OR ATTENDING ot work 21. I certify that (1) (this hospital) ottended the deceased from and that death accurred at 6 P. M. fram causes and an the date stoted above saw the deceased alive on 22b. DATE SIGNED 220 SIGNATURE ATTENDING M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 3 NAME (Type) ano 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d-LOCATION (City or Town) (State) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) estwut 0 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) DATEL 20 M 1/66 ous



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND CERTIFICATE OF DEATH death. PLACE OF OFATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY by the f MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b OR TOWN (If outside corporate limits, write RURAL and give nearest town) carbon papers. Page write RURAL and Agive nearest town) hours e. IS RESIDENCE d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) ON A FARM? No X YES within 3. NAME OF DECEASED Middle 4. DATE Oav Last OF DEATH (Type or print) and cu. executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIEO NEVER MARRIED DIVORCED 10b. KINO OF BUSINESS OR physician n please p 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT County & State, or foreign country) during most of working life, even if retired) OUSEU FATHER'S NAME certificate removal, 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. ed by the attenctransit permit. (Yes, no for anknown) (If yes give war or dates of service) death CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN certificate has been signed by the hed for use as the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. yeur IMMEDIATE CAUSE (a) burial, DUE TO Conditions, If any, which gave rise to immediate as the L DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? Hypertenne C-V. Disense NO C 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING PHYSICIAN: After this certifi be detached fo State Dept. of H 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) After P. Actual de C. The S. T factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from O FUNERAL DIRECTOR: M. from the causes and on the date stated above. 3 sho saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. page ATTENOING anne PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS Hampstead, Md. PHYSICIAN'S director, p should be f NAME (Type) M. C. Porterfield (State) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMAJORY 23d. /LOCATION (City, town or county) REMOVAL (Specify) **BEGISTRAR** FUNERAL DIRECTOR 25a. REC'D BY VR A15 (4) 20M 1/65

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7/	MARYLAND STATE DEPARTMENT OF HEALTH					
2	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120)  Item #4 Film #G391 8/2/67 pb Items 8 & 9 Film G 392 8/29/67 iml					
	Item #4 Film #G391 872/67 ph Items 8 & 9 Film G 392 8/29/67 iml					
FOR STATE	09205 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03203				
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E/ & \	11 West Elm 71 West Elm	ON A FARM?				
中 8 4	3. NAME OF First Middle Lost 4. DATE Month	Doy Year				
INER: This certificate shauld be executed within 24 hours after death. In certificate, writing the ward "pending" in pencil in Item 18. Give Pages shauld be farwarded to the Chief Medical Examiner's Office along with falfiles.  3 should be used as a burial-transit permit. File pages Land 2 with the Statestion, ar remayal, and in any event within 72 haurs after death.	DECEASED (Type or print) MILDRED ELLEN HALL OF DEATH (11) July	24 19 67				
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hin 24 hours after ncil in Item 18. Gi niner's Office along pages 1 and 2 with urs after death.	Female Will WIDOWED DIVORCED 44-7884/ 18 That Host birth Months	Doys Hours Min.				
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Ple di di di reto	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED				
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TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 45 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crema	NAME (Type) / OHY ( / Hyle Address (Street, city, town, or county) 752	7 Below Rd				
o D D D D D D D D D D D D D D D D D D D	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)				
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.  **O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral.	the burial-transit permit. Then please rema ir ta burial, crematian, ar remaval, and in any	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  (c)	cordinascular dicease	INTERVAL BETWEEN ONSEY AND DEATH
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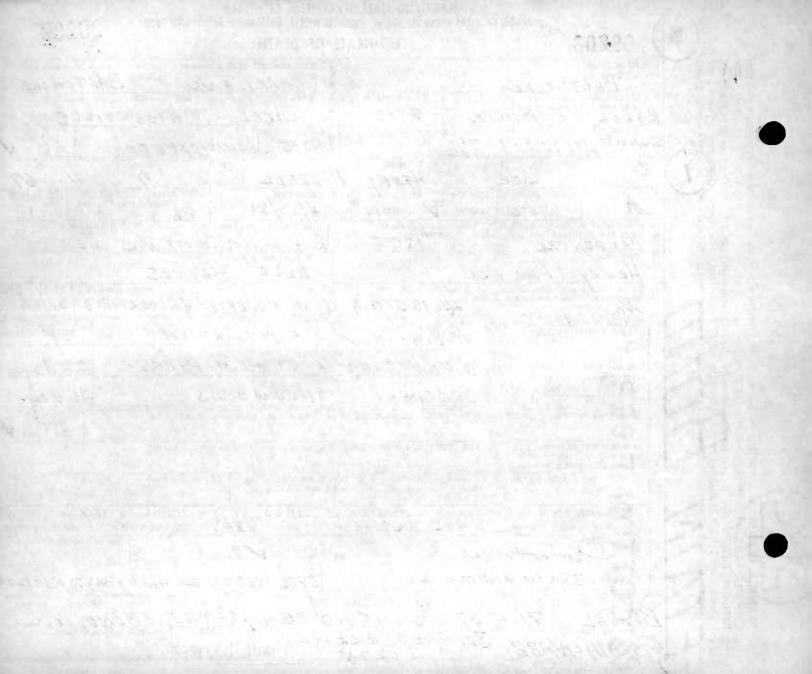
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MARYLAND STATE DEPARIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09207 CERTIFICATE OF DEATH 09207 ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH MARYLAND c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corparate limits, write, KURAL and give nearest tawn) c. LENGTH OF STAY IN 1b filled in by the IS RESIDENC d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS ON A FARMS NO NO 4. DATE Middle 3. NAME OF OF DECEASED DEATH n bny event, (Type or print) PUNDER I YEAR AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED T DIVORCED puo 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 1Da, USUAL OCCUPATION (Give kind of work done during most of working life, even if retried) INDUSTRY 13. FATHER'S NAME buriol, cremation, or removol 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by by the haspital or attending physicion. DUE TO buriol Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse proched for use as the Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) 2Dc. TIME OF INJURY Manth, Day, Year foctory, street, affice bldg., etc.) Hour a.m. Not While at wark at work 1967, ta JULY 21, 1967, that (1) (we) las 21. I certify that (1) (this haspital) attended the deceased from July 7 Page 4 may be retained saw the deceased alive on July 21 19 67 and that death accurred at 1,40 AM, from causes and an the date stated above director, page 3 should should be filed with the 10 FUNERAL DIRECTOR: 22b. DATE SIGNED 22a. SIGNATURE STAFF DIRECTOR PHYS. M.D. 22d ADDRESS 22c. PHYSICIAN NAME (FYDE) 23c. NAME OF CEMETERY QR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 23a. 8URIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09208 CERTIFICATE OF DEATH and 2 24 haurs after death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY TIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) CATOUSVILLE ONSVILLE ⊑ d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? SUMMIT NURSING HOME YES NO that the death certificate be executed within Middle DATE completely Day Year DECEASED RRELL 196 (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARKIED remave last birthdoy) Manths Days Hours WHITE WIDOWED DIVORCED pup 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) **INDUSTRY** COUNTRY? CARPENTER

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ELLICOTY (Yes, na, or unknown) (If yes give war or dates of service 42 DEERFIELD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) by the haspital or attending physician. DUE TO T. HEMIPARESIS Conditions, if ony, which gove 26 dous rise to immediate cause (o), DUE TO stating the underlying cause as the 26 days Health priar to CEREBRAL THROM BOSIS last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Dept. af I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour 'o.m. While factory, street, office bldg., etc.) Not While ot work at work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from 15 JUNE, 1967, to 11-14-. 1962 that (1) (we) last be retained 6-144 1967, and that death accurred at 830pM, from causes and an the date stated above saw the deceased alive an\_ 22g. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS TO HOSPITAL Page 4 may b 22d. ADDRESS NAME (Type) IRW iN H, MOSS, MID 5836 WESTVIEW MALLIBALTOMD 21228 director, should by BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) **FUNERAL DIRECTOR** 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 DATE LINE BURE



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	Owings	d give nearest town) Mills		4 years	Owings	Mill	S		121	,		
		TAL OR INSTITUTION	if not in hospi	tel, give streat eddress)	d. STREET A							ESIDENCE A FARM?
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3.	NAME OF DECEASED	First		Middle	Last	1	OF	Month	h	Day	Year	r
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TIFIC	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH											
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10 1	MARYLAND STATE DEPARTMENT OF HEALTH				
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  09210  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  09210				
HEALTH DEPT	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY				
y delay is ond 3 to PM3. Page art ment	b. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest fown)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest fown)				
f ony of 1, 2, or m P.M. P.M. P.M. rrs offer	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENCE				
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hours after death. Il Item 18. Give Pages Office olang with far Ian 2 with the State event within 72 hour	3. NAME OF DECEASED (Type or print) CARRIE A. HERBOLD DEATH 7 14 1967				
rs after 18. Give e olang	S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  NEVER MARRIED  S. DATE OF BIRTH  Lost birthday)  VIS.  9. AGE (In years lift UNDER 1 YEAR   IF UNDER 24 HRS.)  Manths Days Haurs Min.				
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Address					
should be executed he word "pending" is ta the Chief Medical buriol-tronsit permit. mation, or removal,	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ONSET AND DEATH				
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his ce ate, w e forv be us	Frankered L. lip June 8, 1967 mailed C-11-167 YES NO X				
CAL EXAMINER: This execute the certificate, or. Page 4 should be for for your files.  TOR: Poge 3 should be used for your files.	Tractured L. lip June 8, 1967 mailed C-1/- 167  YES NO REPRORMED?  YES NO RETURN NO REPORT NOTICE OF PORT II of item 18.)  PRIMARY OF CONTRIBUTING RECOURSE OF DEATH.  PRIMARY OF DEATH.  Primary August Augu				
	20c. TIME OF INJURY Manth, Day, Year Hour P.m. 6-8 19 67 at work of wo				
L EXA tecute Page or you R: Pog	21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinio				
ED. AL EX ase execut irector. Pag oined for y IRECTOR: PV	deoth resulted from: Noturol couses 🔀 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined monner 🗌				
MEDIAL please e I director retoined L DIRECT	ACTUAL SIGNATURE 2. & Caples . M.D. ASSISTANT MEDICAL EXAMINER . 22. DATE SIGNED				
UTY Dry, De be or	EXAMINER'S NAME (Type) D, D, EAPLES, M, D Address (Street, city, tawn, or county)				
TO DEPI necesso the fun 5 may TO FUNE	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)				
0)	24. FUNERAL DIRECTOR ADDRESS , 250. PEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
VR A15ME (5)	Ellsworth Armacost- 4600 Liberty Hohts, DATE UL 7 1967 golianes Judge				

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09211 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAI PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY a COLINTY o STATE delay is and 3 to P.M.3. Page Baltimore MARYLAND Baltimore. Maryland State Department b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town) Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Chief Medical Examiner's Office olong with form in Item 18. Give Poges St. Joseph Hospital NO X 606 Baltimore Avenue be executed within 24 haurs after death. First Middle 4. DATE DECEASED (Type or print) DEATH TIMOTHY HERDI July AGE (In years last birthday) permit. File pages land2 with S. SEX IF UNDER FUNDER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Manths Haurs within 72 hours ofter death WIDOWED DIVORCED White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State ar fareign cauntry 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY 13. FATHER'S NAME in pencil CONFER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) ((If yes give war ar dates of service) pending" none no none 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN buriof-transit ONSET AND DEATH event IMMEDIATE CAUSE (0) Sudden unexpected death in infancy icate, writing the word be forwarded to the Ch This certificate should DUF TO ony Conditions, if any, which gave (b) rise ta immediate couse (a), and in ( DUE TO stating the underlying couse 90 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY or removol, PERFORMED? please execute the certificate, NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY C or CONTRIBUTING C 4 should CAUSE OF DEATH cremotion, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) Hour a.m. Not While factory, street, affice blda., etc.) FUNERAL DIRECTOR: Page at wark ot work 21. I certify that I took charge of the remains described above, held an Autapsy X, Inspection Inquiry . and in my apinian death resulted from: Natural causes v. Accident Suicide 1. Hamicide Undetermined manner the funerol director. be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health may Address (Street, city, tawn, ar caunty) NAME (Type) Russell S. Fisher, M.D. July 26, 1967 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) 0 Mt. Maria **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15ME (5) 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09212 09212 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the attending physician and campletely filled in by the fune sit permit. Then please remave carbon pagers. Pages 1 d o. COUNTY o. STATE Baltimore b. COUNTY Balto. aurs after MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? (hestnut Hill Lane (hestnut Hill Lane YES T NO X NAME OF DATE Doy Year DECEASED dward 20, 67 Hewes 19 DEATH (Type or print) S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH White birthday) Months Male 3, Hours March WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired)
Returned Vice Presdient INDUSTRY COUNTRACE! Balto. Union I rust 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Charles K. Hewes Mary Brandenburg 16. SOCIAL SECURITY NO 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) Estelle S. Hewes Reisterstown, Md. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (o) signed by attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse has been detached for use as the te Dept, af Health priar ta lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO Page 4 may be retained by the haspital ar this certificate 205. DESCRIBE HOW INJURY OCCURRED Letter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER directar, page 3 shauld be detache shauld be filed with the State Dept. 20c. TIME OF INJURY Month, Dov. 20d. INJURY OCCURRED 20e. PLACE OF INJURY Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. and that death occurred at 6 M, from causes and on the date stoted above. saw the deceased alive an 22b. DATE SIGNED 220 SIGNAT ATTENDING PHYS. 22c. PHYSICIAN'S NAME Type OF EMETERY OR CREMATOR 23b. DATE THEREOF 23d. LOCATION (City or Town) REMATION (County) (Stote) Ridge (emetery 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE

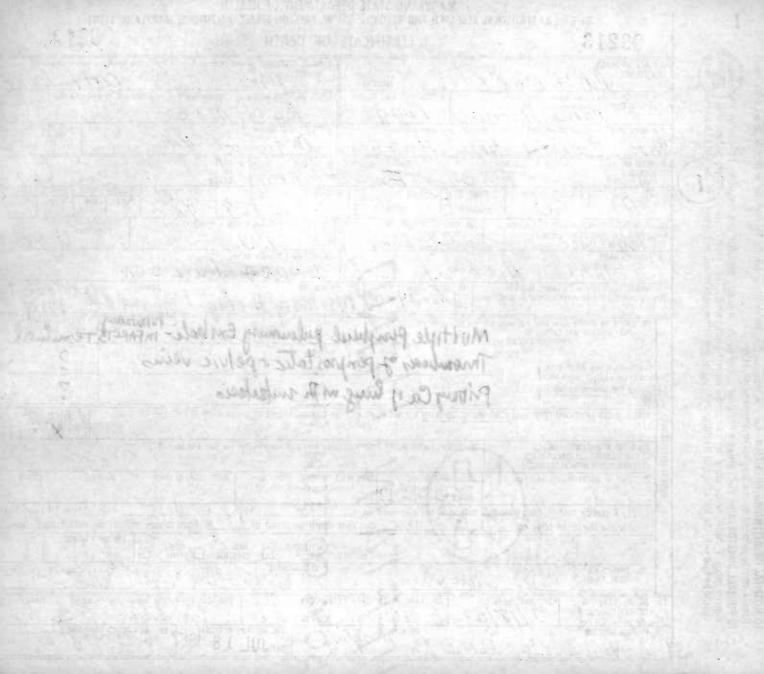
Reisterstown, Md.

Eline & Sons

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09213 09213 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. STATE b. COUNTY o. COUNTY MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) write RURAL and e. IS RESIDENCE ON A FARM? and completely filled in d. STREET ADDRESS copers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 11/000 YES NO NAME OF DATE Month Doy Year `₹ DECEASED 0F 19 DEATH ent, (Type or print JE UNDER 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED remove birthdoy) Months Days Hours DIVORCED WIDOWED or removal, and in any 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) COUNTRY? during most of warking life, even if retired) INDUSTRY physicion MAINTANCE ZWN CEMETER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address permit. (Yes, ng, or unknown) ((If yes give war or dates af service cremotion, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (q) burial-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE signed by physicion. burial Conditions, if any, which gave rise to immediate couse (a) DUE TO stoting the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending os the priar to this certificate has been last. WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT detached for use te Dept. of Heolth NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) factory, street, affice bldg., etc.) Hour a.m. While Nat While 19 at wark at wark After pe 21. I certify that (I) (this hospital) attended the deceased fram 1:02 M on the date stated obove. and that death occurred at from causes and TO FUNERAL DIRECTOR: saw the deceased olive an 22a. SIGNATURE M.D. DIRECTOR PHYS PHYS. , poge be filed 22d. **ADDRESS** 22c. PHYSICIAN'S SIMON NAME (Type) director, I 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) BURIAL, CREMATION 23b. DATE THEREOF (County) (State) RPMOVAL (Specify REC'D BY REGISTRAF FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09214 09214 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY
Baltimore a. STATE MARYLAND Maryland
c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Parkton #21120 d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS SAW NO Maryland 3. NAME OF 4. DATE Middle Year Doy DECEASED Hollingshead 8. DATE OF BIRTH DEATH (Type or pnnt) Bisker Randolf IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED 9. AGE (In years 7. MARRIED last birthday) Manths Days Male White WIDOWED DIVORCED March 16,1920 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast of working life even if retired) physician on please **INDUSTRY** Whitehall. Maryland Penna. Railroad 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no renknawn) (If yes give wor or dotes of service) cremotion, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit p ONSET AND DEATH Respiratory acidosis IMMEDIATE CAUSE (a). XXXIXXXX Canditians, if any, which gave Hypoventilation. rise to immediate cause (o), MIXING stoting the underlying couse be retained by the hospitol or attending O FUNERAL DIRECTOR: After this certificate hos been Obesity. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PEREQRMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING 

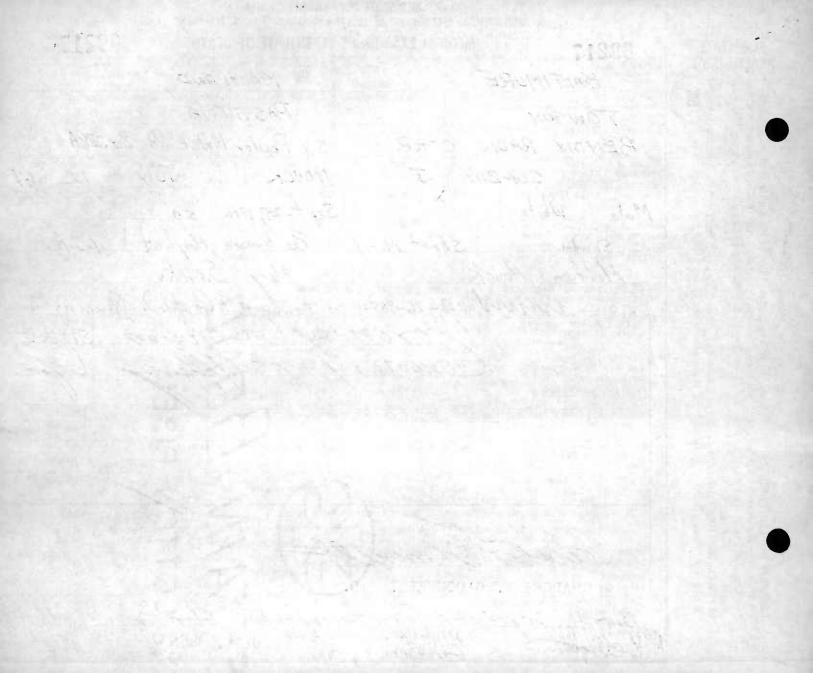
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e, PLACE OF INJURY (Home, farm, (City or town) 20d. INJURY OCCURRED (Caunty) factory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased fram July 3, 1967, ta July 10, 167, that (I) (we) last saw the deceased from July 10 1967, and that death accurred at 6:35 My fram causes and an the date stated above. director, page 3 should should be filed with the saw the deceased the an 22g. SIGNATURE 22b. DATE SIGNED STAFF PHYS. July 10, 1967 M.D. DIRECTOR 22d. ADDRESS 22 MYSICKAN'S NAME (Type) 7620 York Road, Towson, Md. 21204 M. S. Cockburn, M.D. (Stote) 23a. BURIAL, CREMATION, DATE THEREOF MOVAL (Specify) FUNERAL DIRECTOR VCharles Judge. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 69217 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Poge MARYLAND Stote Department d c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, (If outside corporate limits, write RURAL and give nearest town) and write RURAL and give neorest town) SADENA W50N d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS the Chief Medical Examiner's Office along with form pencil in Item 18. Give Pages This certificate should be executed within 24 hours ofter death. 3. NAME OF First Middle DATE Year DECEASED OF CORBIN DEATH (Type or print) S. SEX AGE (In years IF UNDER UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months eath WIDOWED DIVORCED stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) 13. FATHER'S NAM permit. File pog within 72 hours 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or upknown) (If yes give wor or dates pending" 16-865 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c). buriol-transit event PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the word DUE TO any Conditions, if ony, which gove forwarded to rise to immediate couse (a). = DUE TO stoting the underlying couse ond OS last. be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? removal, certificote, NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 1B.) 3 should PRIMARY Or CONTRIBUTING 6 EXAMINER: CAUSE OF DEATH cremation, MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge please execute ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection . Inquiry and in my opinion death resulted frama Natural causes Accident Suicide Hamicide Undetermined manner the funerol director CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE pe DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heo!th moy O'DONNELL, CHARLES Address (Street, city, town, or county) 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) 0 VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH

1	Item 20 Film 390 7-13-67MARYLAND STATE DEP DIVISION OF VITAL RECORDS, 301 W. PRESTO	ON CIDELL DALLIMODE WADVIAND 21201
FOR STATE	00040	CERTIFICATE OF DEATH
HEALTH DERT.	1. PLACE OF DEATH o. COUNTY Baltimore MARYLANO	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE  Maryland  Baltimore
PM3. Po	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Towson	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore
Dep 5X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  4806 Liberty Heights Ave. (e. IS RESIDENCE ON A FARM?  YES \( \sum \) NO \( \sum \)
we Poge	St. Joseph Hospital  3. NAME OF First Middle	Lost 4. DATE Month Ooy Year
frer death. I Give Poges ong with for	Crype or print)  Gertrude  H  HU  S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED	B. DATE OF BIRTH  OF DEATH  OF DEATH
rs aff 18. (e olo 2 wit oth.	F W WIOOWEO OIVORCEO	lost birthday) Months Ooys Hours Min.
14 houn item is Office of Iter de	100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  School Teacher  10b. KINO OF BUSINESS OR INDUSTRY Education	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  II. S. A.
thin 2 encil ii miner' pages urs of	13. FATHER'S NAME Henry Fenzel	Maryland U.S.A.  14. MOTHER'S MAIDEN NAME Elizabeth Kreigenhofer
ted wi " in pe al Exo iit. File		INCODMANT 11008 Medino ATTO
INER: This certificate should be executed within 24 hours after death. e certificate, writing the word "pending" in pencil in Item 18. Give Page should be forworded to the Chief Medical Exominer's Office olong with tiles.  3 should be used as a buriol-transit permit. File pages 1 and 2 with the stands, or removal, and in any event within 72 hours ofter death.	IB. CAUSE OF DEATH (Enter only one couse per tine for (a), (b), and (c).)  PART I. OEATH WAS CAUSEO BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause  OUE TO	a free of the state of the stat
INER: This certificate certificate certificate, writing should be forworded files.  3 should be used as a should be used on a file.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL OISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO
4 _ 2 _	CAUSE OF DEATH. over her.	(Enter noture of injury in Port I or Port II of item IB.) auto that moved backward and ran
KAMINER: The certification of the second of	20c. TIME OF INJURY Month, Ooy, Yeor 20d. INJURY OCCURRED 2 20e. PLA  While Not While of work of otwork Par	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)  Raing Lot.  Balto.  Md.
TITAL EN	21 I certify that I taak charge of the remains described above, he death resulted frame? Natural causes . Accident . Sui	cide, Hamicide, Undetermined manner
TY MES	SIGNATURE CHARGEST OWOUNELL	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER OEPUTY MEDICAL EXAMINER OEPUTY MEDICAL EXAMINER
TO DEPUTY In necessary, price funeral 5 may be no TO FUNERAL Health prior	EXAMINER'S NAME (TYPE HARLES F. O'DONNELL, M.D.  230 RIPRIA (PEMATION 123b DATE THEREOF 123c NAME OF (EMETERY OR	Address (Street, city, town, or county)
To To To Feed the state of the	230. BURIAL, CREMATION, PREMOVAL (Specify) Burial  23b. Date THERFOR  23c. NAME OF CEMETERY OR  3uly10-1967 Holy Redee	mer Baltimore Md.
VR A15ME (5)	24 FUNERAL OFFICEOR	Ave. 250. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

the later of TING TO A . The state of the day of 19 (9) (8) The second respective and the second second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09220 09220 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 ta Baltimore County MARYLAND Maryland Baltimore b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. P.M3 ate Departm vears Essex d. NAME OF HDSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form in Item 18. Give-Rages 2100 Tred-Aven Rd 2100 Tred-Aven Rd YES 24 hours after death. alang with NAME OF Middle 4. DATE OF Doy DECEASED (Type or print) DEATH S. SEX 6. COLDR OR 8. DATE OF BIRTH 9. AGE INDER 1 YEAR 7. MARRIED **NEVER MARRIED** Days Hours haurs after death Female DIVORCED April 21, 1895 Caucasian WIDOWED farwarded to the Chief Medical Examiner's Office pages land2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Steam Table Operator COUNTRY? Glen L. Martin Annapolis, Md. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within pencil William D. K. Lee Mary Larrimore .5 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO permit. (Yes, na, or unknawn) (If yes give war ar dates af service within Mrs. Elizabeth A. Sternberg, Balte, 29, Md Ne 18. CAUSE OF DEATH (Enter only one cause per line INTERVAL BETWEEN event PART I. DEATH WAS CAUSED BY ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) writing the ward DUE TO any e Canditions, if ony, which gave rise ta immediate cause (a), 2 DUE TO stating the underlying cause 0 pup SD remaval PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED' please execute the certificate, should be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH crematian, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m at work L at wark 21. I certify that I taak charge of the remains described above, held an Autopsy [ Inspection may be retained far FUNERAL DIRECTOR: and in my apinian death resulted fram: Natural causes Accident Suicide funeral directar. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE prior

230. BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Mary's Cath

St.

Annanol

Bell, Jr.

172 West

REC'D BY REGISTRAF

23d. LOCATION (City or Town)

DEPUTY MEDICAL EXAMINER

Address (Street, city, tawh, ar bunty)

NO P

(Stote)

(County)

Year

VR A15ME (5) 6M 1/67

TO FUNEI Health

**EXAMINER'S** 

NAME (Type)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09221

09221

CERTIFICATE OF DEATH

1. PLACE OF DEA	1. PLACE OF DEATH  o. COUNTY Baltimore MARYLAND			2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore				
b. CITY OR TO write RURA	WN (If autside carparate limits,  Al and give nearest town) Cationsville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  Catonsville					
d. NAME OF H	OSPITAL OR INSTITUTION (If not in haspital		d. STREET ADDRESS	W-4-5:-11 D-:	e. IS RESIDENCE ON A FARM?			
A 44495 05	118 Fairfield Driv		N	Fairfield Drive	YES NO A			
3. NAME OF DECEASED (Type or print)		Middle Ihrie	Lost	4. DATE Month OF July 13				
S. SEX Male	6. COLOR OR RACE 7. MARRIEI WIDOWEI		8. DATE OF BIRTH 8-4-1884		IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.			
during most of wo		KIND OF BUSINESS OR INDUSTRY		y & State, ar fareign country) y <b>land</b>	12. CITIZEN OF WHAT			
13. FATHER'S NA	John Ihrie		14. MOTHER'S MAIDEN	NAME Edith Jones				
1S. WAS DECEASE (Yes, na, ar unkna	D EVER IN U.S. ARMED FORCES? (wn) (If yes give war ar dates of service)		aul D. Ihri	Address e, 5902 Roland A				
Conditions, it	DE DEATH (Enter only one cause per line f DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  (b)  DUE TO  underlying couse  (c)	terebrovas Terrivsele	ular a	reident observed	INTERVAL BETWEEN ONSET AND DEATH OO YOU			
PART II. OTH  20g. ACCIDEN OR CONTRIBU	ER SIGNIFICANT CONDITIONS CONTRIBUTING	mellita	3		19. WAS AUTOPSY PERFORMED? YES NO			
	T WAS UNDERLYING (1) ITING (1) CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	). (Enter nature af injury in	n Part I ar Part II af item 18.)				
	or a.m. Wh		ACE OF INJURY (Hame, for ctory, street, office bldg., etc.	(,)	(County) (State)			
	ertify that (I) (this haspital) atte	nded the deceased fram_ 13_1967, and th		19 57 ta fully 13 t 3 H M, fram causes ar	3, 19 <u>67,</u> that (I) (we) last and an the date stated abave.			
22a. SIGNAT		Rowe ,	A.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED /47			
22c. PHYSIG NAME (	Type) Dr. James Rowe		22d. ADDRESS 5.	550 Baltimore Na	ational Pike			
230. 8URIAL, CRE REMOVAL (S BURL	MATION, 23b. DATE THEREOF 7-15-1967	23c. NAME OF CEMETERY OF Mt. Olivet		23d. LOCATION (City or Town Baltimore, M	aryland			
24. FUNERAL DIE		ADDRESS	21229 2So. REC		STRANCE STOWN IN P.			

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the Tuneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove cachen papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs biter death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

THE COUNTY 47766 AND THE PERSON NAMED IN The same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OUNH	1 50	MEDICAL EXAMINE	S CERTIFICATE OF	DEATH	
PLACE OF DEATH     O. COUNTY	Baltimore	MARYLANI	O. STATE Marsel	here deceosed lived, if institution: and b. COUNTY	Residence before admission) Baltimore
write RURAL	(If outside carporate limits, and give neorest tawn)	c. LENGTH OF STAY IN 16	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ide corporote limits, write RURAL o	ond give neorest town)
Timon		years	Timonium		03.1
	m Will Avenue	in hospital, give street address)	d. street address 19 Sam W	ill Avenue	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF	First	Middle	Lost	4. DATE Month	Doy Year
(Type or print)	EDWIN	LEE IF	RETON	DEATH . TILL	118 1967
S. SEX Male	6. COLOR OR RACE White	7. MARRIED XX NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH February 10,	AGE (In years U)	UNDER TYEAR IF UNDER 24 IRS. onths Days Haurs Min.
	ON (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote of		12. CITIZEN OF WHAT
Black an	ng life, even if retired) d Decker	Tool Maker	Webb, Dewey	Co.Oklahoma	COUNTRY? U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
Winfiel	d Scott Ireto	nn .	Alvira Fr	ances Shaner	
	VER IN U.S. ARMED FORCES?		17. INFORMANT	Address	
(Yes, no, or unknown	n) (If yes give wor or dotes of s		Mrs. Violet M.	Troton Como	as # 2
nse to immedi stoting the un- lost.	) ((	)	TO THE TERMINAL DISTASS COND.	UTION CIVEN IN DADT V	J 19. WAS AUTOPSY
PAKI II, UINEK	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE COND	HION GIVEN IN PART 1(0)	PERFORMED? YES NO
20g. EXTERNAL PRIMARY Or Or CAUSE OF DEATH CAUSE OF DEATH Hour	CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Po	ort I or Port II of item 18.)	
20c. TIME OF IN	YJURY Month, Doy, Yeor o.m. p.m. 19	20d INJURY OCCURRED 20e While Not While of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
ACTUAL SIGNATURE EXAMINER'S	Ohorles	+ Or ourl	Suicide , Hamicide CHIEF MEDICAL EXAMPLE.  M.D. ASSISTANT MEDICAL  DEPUTY MEDICAL	, Undetermined mann XAMINER   AL EXAMINER	
NAME (Type)		O'Donnell, M	0.1/0		(County)
230. BURIAL, CREMA BULL 131	14.3	23c. NAME OF CEMETERY Dulaney Val		23d. LOCATION (City or Town)  Cockeysville,	(County) (Slote) Maryland
24. FUNERAL DIRECT	TOR Brooks Towson	n, 1050 York Road		BY REGISTRAR 2Sb. REGIST	RAR'S SIGNATURE

1050 York Road Towson, Maryland 21204

DATEJUL 31

1967

VR A15ME (5)

5 may be retained for your files.

long with form PM3. Page

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, "the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 w Health prior ta buriol, cremation, or removal, and in any event within 72 hours ofter death.

This certificate should be executed within 24 hours after death.

TO DEPUTY MEDICAL EXAMINER:

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REC'O BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

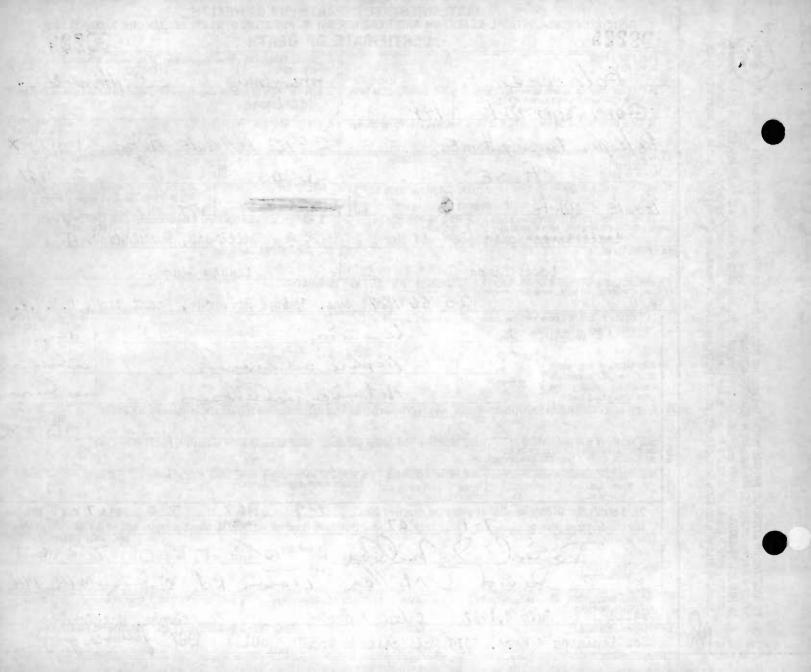
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MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09227 09227 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTA I. PLACE OF DEATH (Where deceosed lived, if institution; Residence before admission) o COLINTY o STATE 0 S ALTIMORE MARYLAND delay 3 b. CITY OR TOWN (If autside carporate limits, C. LENGTH OF STAY IN 16 corporate limits, write RURAL and give nearest town) pup Write RURAL and give nearest town) PM3. my d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM in pencil in Item 18. Give Pages 1, with form YES | NO A This certificate shauld be executed within 24 hours after death. NAME OF DATE Month Doy Year DECEASED JOHNSO111 19 DEATH (Type or print Office olong IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED Months Doys Hours deoth. WIDOWED lond 2 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIR HPLACE Stote or foreign country 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRY COUNTRY? 72 hours ofter Maryland Chief Medical Exominer's 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frank King Annie File Dean 17 INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. 1 (Yes, no, ar unknown) (If yes give war ar dates of service) any event within None No Mr. Lawrence G. Johnson same address None INTERVAL RETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (o), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) writing the word DHE TO Conditions, if any, which gave 0 rise to immediate couse (o), .⊆ DUE TO stoting the underlying couse forworded pup 00 TO THE TERMINAL DISEASE CONDI 19. WAS AUTOPS' PERFORMED? removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED NO please execute the certificate, pe 4 should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING 0 AL EXAMINER: CAUSE OF DEATH cremation, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, fgrm. 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor foctory, street, office bldg., etc.) Hour o.m. your Not While FUNERAL DIRECTOR: Page of work at work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection 7 Inquiry and in my apinian be retained for deoth resulted from: Natural causes 🔀 Accident Suicide Hamicide Undetermined manner funerol director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** moy Address (Street, city, town, or county) NAME (Type) the 23d. LOCATION (City or Town) 230. BURIAL CREMATIO NAME OF CEMETERY OR CREMATORY (Stote) 23h DATE THEREOF (County) 50 7/14/1967 Garden of Faith Cemetery Baltimore, Md. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A 15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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## CERTIFICATE OF DEATH

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ho in srs. 22 ho		I. NAME OF HOSPITAL	OR INSTITUTION (If not	in haspital,	give street address)		d. STREET ADDRESS				e. IS RESIDENCE
requires that the death certificate be executed within 24 haurs g physician.  I signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carbon papers. Pa a burial, crematian, ar remaval, and in any event, within 72 haurs		Vetera	uns Adminis	tratio	on Hospital		502 Wood1	ya Str	eet		ON A FARM? YES NO X
美工	3. 1	NAME OF DECEASED	Firs	t	Middle		Last	4. DATE	Mant	h	Day Year
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phy phy avc		Willia	Jones				1711 72	beth C	ollien		
h c ling Tem	15.	WAS DECEASED EVER	IN U.S. ARMED FORCES? If yes give war ar dates af	16.	SOCIAL SECURITY NO.	17. 11	FORMANT	DE OIL O	Addre	ss	
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SICI Aspire ertiff ned t. af	E I	(IF EITHER, NOTIFY M	EDICAL EXAMINER)								
<b>3 PHYSICIAN</b> the haspital this certifice detached far	MEDICAL	20c. TIME OF INJUR Haur a.m.	Y Manth, Day, Year		NJURY OCCURRED		E OF INJURY (Hame, farming, street, affice bldg., etc.		(City ar tawn)	(Caunty	r) (State)
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OR ATTENDING be retained by th DIRECTOR: After i g 3 shauld be de ed with the State		21. I certify	that (X (this hasp	ital) atten	ded the deceased	fram_M	death accurred at	9.67 to	July '	1, 19_6	7that (M (we)
S. S		saw the dec	eased alive que	uly 1	19_ <u>07</u> , a	ind that	death accurred at	4:42 M,	fram causes	and an the	date stated abo
AT Share sha		22a. SIGNATURE	1/1	1	V-10.1.		ATTENDING	MED.	STAFF V	22b. DATE	
OR be red weed w			eu	100	- Can	M.D	. PHYS. L	DIRECTOR L	STAFF PHYS.	7/3/	67
O HOSPITAL OR ATTEND Page 4 may be retained to FUNERAL DIRECTOR: Af Cirector, page 3 shauld to the standard be filed with the S		22c. PHYSICIAN'S NAME (Type)	PETER V.	UVAN.	M.D.		VA Hospi	tal, F	ort Howa	ard, Ma	
A Tar	22-	BURIAL, CREMATION			23c. NAME OF CEME	TERV OR C				-	
H B I E	230	REMOVAL (Specify)							ATION (City or Tov		unty) (State)
5-56	24	FUNERAL DIRECTOR	7/8/	0.1	ADDRESS	T RS	ptist Churc	D BY REGISTRA	incess A	GISTRAR'S SIGN.	Maryland
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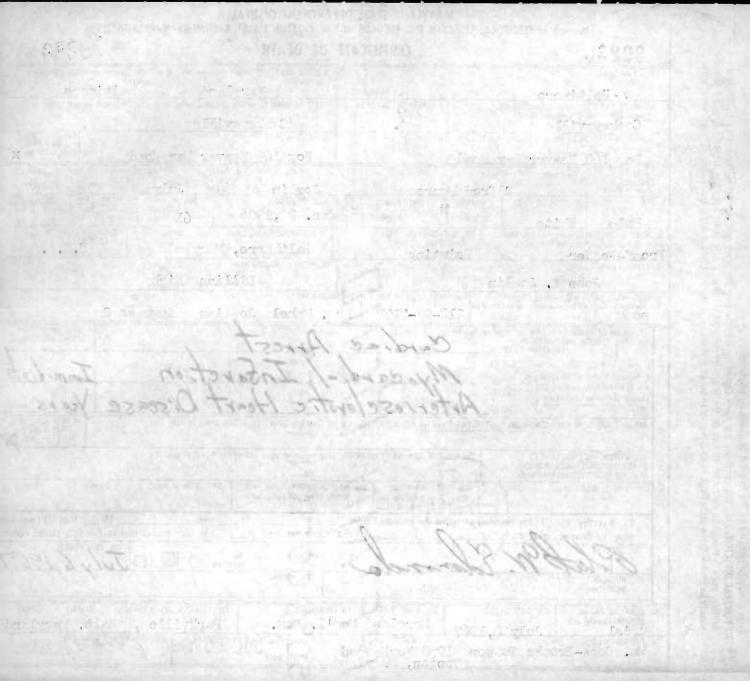
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MARYLAND STATE DEPARTMENT OF HEALTH TYIS ION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Prince George's Maryland Baltimore MARYLANO 24 hours after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Catonsville c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b by Greenbelt, Maryland 26 dvs = e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 410 Riggs Road **GROVE** STATE HOSPITAL SPRING NO X YES etely executed within nodyte NAME OF 4. DATE Month Oay Year First Middle Last DECEASED H. Jones Charles DEATH 1967 (Type or print) July AGE (In years | TFUNDER 1 YEAR | IFUNDER 24 HRS 8. OATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO last birthday) Months | Oavs Hours I male white WIDOWED [ OIVORCED [ 7 - 2 - 7612. CITIZEN OF WHAT attending physician ermit. Then please re 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) U. S. that the death certificate be INDUSTRY Washington D. C. building Carpenter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Cornelus Jones Mary E Gates 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) been signed by the attuction the burial-transit permion to burial, cremation, o Records: SPRING STATE HOSPITAL 579-20-6477 GROVE INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Myocardial Infarction **VG PHYSICIAN:** The law requires that the by the hospital or attending physician. 4201 **OUE TO** Areteriosclerotic Cardiovascular HeartDis. 20yrs. Conditions, If any, which gave rise to Immediate **OUE TO** cause (a), stating the underlying cause last. (c) Arteriosclerosis, generalized, senile

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20yrs. 38 WAS AUTOPSY 119. use PERFORMED? Pneumonia, generalized, organism undetermined.

a. ACCIDENT WAS UNDERLYING \_\_\_\_ | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) YES Y NO 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this ceru (County) (State) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) should be der th the St factory, street, office bldg., etc.) Hour a.m. Not While While at work at work be retained June 14 01967, to July 10, 1967, that Of (we) last 21. I certify that 10 (this hospital) attended the deceased from\_ DIRECTOR: age 3 should led with the \_M, from the causes and on the date stated above. July 10 1967 saw the deceased alive on\_\_\_\_ and that death occurred at, 22b. DATE SIGNED 22a. SIGNATURE ATTENOING STAFF PHYS. MED. 7-11-67 PHYS. OIRECTOR Page 4 may O HOSPITAL 22d. ADDRESSPRING GROVE STATE HYSTCIAN'S 22C. director, p NAME (Type) Baltimore, Maryland 21 228 (State) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Md. St Josephs catholic Ammondale Pro Geo July 14. 1967 Burial REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Hyattsville 25a. Gasch's VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09231 09231 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Baltimore b. COUNTY Baltimore MARYLAND b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TDWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Catensville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1123 Granville Rd. 1123 Granville Rd. YES NO and campletely fil 3. NAME OF Middle 4. DATE Manth Year DECEASED July 8. and in any/eveat. Beatrice B. 67 Judy (Type or print) DEATH 19 S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE XNEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED last birthdoy) Manths Dovs Haurs 6/13/20 Cauc. WIDOWED DIVORCED pup 10a. USUAL DCCUPATIDN (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT attending physicion of permit. Then pleose INDUSTRY CDUNTRY? N. C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal, Bulleck 17 Mr. Charles Judy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war ar dates of service) permit. 1123 Granville Rd. 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH CARDIAC ARREST IMMEDIATE CAUSE (o). Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove DISEASE (b) RHEUMATIC HEART 3 YRS rise to immediate couse (o), DUE TO stoting the underlying cause as the has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION be detached far use State Dept. af Health NO this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year Hour o.m. 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, (City or town) (County) (State) foctory, street, office bldg., etc.) Not While After at work 21. I certify that (1) (this haspital) attended the deceased from Nov. 11 , 1958 , to July 8 , 1967 , that (1) (we) last June 24 1967, and that death occurred at 5A M, from couses and on the date stated above. saw the deceased alive on\_ 22o. SIGNATURE 22b. DATE SIGNED temare 1 director, page 3 shauld be filed v M.D. DIRECTOR 22d. ADDRESS 5501 Forest Park Av. 22c. PHYSICIAN'S FUNERAL Kennard Yaffe M. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) BUREMOVAL (Specify) 7/11/67 Meadowridge Cem. Baltimore, Md. 24. FUNERAL DIRECTOR
Witzke F. D. - 4101 Edmondson Ave. 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR Villanean

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09232 CERTIFICATE OF DEATH death. pub 2. USUAL RESIDENCE-(Where deceased lived if institution: Residence before admission) era 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside corporate limits, write RURAL and give negrest town). requires that the death certificate be executed within 24 how in by d. STREET ADDRESS e. IS RESIDENC d\_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address ON A FARM attending physician and completely filled permit. Then please remaye carban pape nave carban p NAME OF DATE Year DECEASED OF DEATH 19 9. AGE (In years IF UNDER 24 FRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life; even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dotes of service) 17. INFORMAN 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH (Enter only one cause per line for (o), INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse has been WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of for use of Health YES NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceased from now 11 1955 ta . 1967, that (I) (we) last 1967, and that death accurred at 8.38 A M, fram couses and on the date stoted abave. saw the deceased alive an 2 m 22b. DATE SIGNED 22o. SIGNATURI **ATTENDING** MED. DIRECTOR M.D. 22d. ADDRESS 8. Williams, MD esv1/1e 21208, Md. NAME (Type) director, 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) MOVAL (Special) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09236 09236 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY vithin 72 hours after Baltimore MARYLAND Maryland
c. CITY OR TOWN (If autiside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 in by Baltimore City Towson d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Chesapeake Manor Nursing Home 1249 Meridene Dr. 21212 NO 🔀 NAME OF Middle 4 DATE remaye carban First Year DECEASED OF DEATH Louise Catherine Killman July 19 67 (Type or print) and in any event, S. SEX 6. COLOR OR RACE 9. AGE (In years Bast birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** 3/10/1889 White Female WIDOWED X DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) COUNTRY? **INDUSTRY** attending physician sermit. Then please Baltimore. Maryland U.S.A Housewife Own home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remaval, Caroline Wacker Henry Paul 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Dr. (Yes, ng. ar unknawn) (If yes give war ar dates af service) Mrs. Carolyn Correa 1249 Meridene 217-14-1296D burial, crematian, 1B. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN EREBRAL IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. CERO SLO VASCULAR ACCIDENT ALTERIOSCLEROTIC VASCULAR DISCASC Canditians, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying cause as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' PERFOR MED? detached far use te Dept. af Health FRACTURE this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Nat While 19\_\_\_, that (1) (we) last 21. I certify that (I) (this haspital) attended the degeased fram. 1967 and that death accurred at 550 TO FUNERAL DIRECTOR: saw the deceased alive on M, fram causes and an the date stated above. 22a. SIGNATUR 22b. DATE SIGNED 3-6 M.D. PHYS , page be filed 22c. PHYSICIAN'S 22d. ADDRESS Enrique Moszkowski NAME (Type) Caves & Hudson Road director, shauld 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. (Caunty) (State) REMOVAL (Specify)
Burial Md Oaklawn Cemetery Baltimore County 24. ELINERAL DIRECTOR, Henry W 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Sons W. Jenkins & York Road 212 golomber Judge

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	OPSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
	CERTIFICATE OF DEATH	0655
	1. PLACE OF DEATH a. COUNTY  Baltimore  2. USVAL RESIDENCE (Where deceased lived, If institution: Res a. STATE b. COUNTY	idence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL a	nd give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
6	Greater Baltimore Medical Center 3004 Christophu	ON A FARM? YES NO
	3. NAME OF First Middle Last 4. DATE Month DF (Type or print) Katie Kingsbury 7	Day Year
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1	
-	10a. USDAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTAPLACE (County & State, or foreign country)   12. CIT	IZEN OF WHAT JNTRY?
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Whiteher	al
	15. WAS DECEASED EVER IN V.S. (RMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) (If yes give war or dates of service)	topher
-	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	IMERVAL BETWEEN ONSET AND DEATH
	DUE TO Conditions, If any, which \ (b)	
	gave rise to Immediate cause (a), stating the DUE TO	FI - 5.
10012	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
101414	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  CONTRIBUTING CAUSE OF DEATH  OF C	YES NO
-		
0010110	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (Coun factory, street, office bldg., etc.)   20f. (City or town)   20f. (City or town	ty) (State)
	21. I certify that (I) (this hospital) attended the deceased from July 26 , 1967, to July 30 , 1967 saw the deceased live on July 30 1967, and that death occurred at 2:05M, from the causes and on the	
	22a. SIGNATURE AM 22b. DAI	TE SIGNED
I	22c. PHYSICIAN'S NAME (Type)  ATTENDING MED. ATTENDING DIRECTOR PHYS. Q JULY  22d. ADDRESS	30, 1967
115	John E. Adams, M. D. Greater Baltimore Medica 23a PURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY   123d. LOCATION (City, town or coun	
	Survey 8/2/67 Xoudne Vail Ballo	
1	24. JUNERAL DIRECTOR ADDRESS ADDRESS DATE AUG 8 1967 Felian	les Judge
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Above INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? NO X (County) (State) 1967 and that death occurred of 9:40 fm, from covses one on the dote stoted obove 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 22c. PHY SICIAN'S ADDRESS Type) Joseph E. Muse 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) 7-24-67 Md. Woodlawn Woodlawn Balto. 24. FUNERAL DIRECTOR 2Sa. 'REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE .W. Jenkins & Sons Co. 4905 York Rd., Baltan

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12. CITIZEN OF WHAT

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Year

IF UNDER 24 HRS

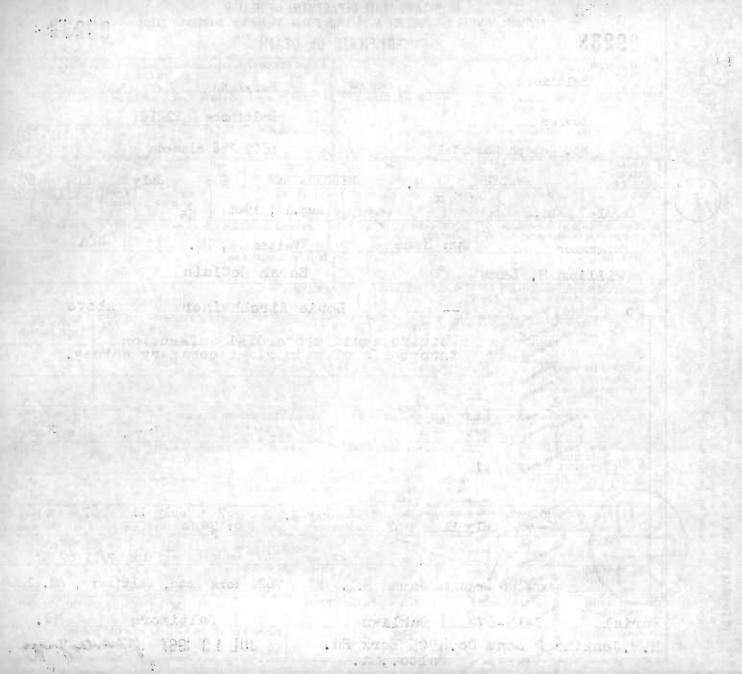
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09238 09233 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore and completely filled in by the full reprove cotion papers. Pages In any event, within 72 hours after MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21212 Towson e IS RESIDENCE ON A FARM2 YES NO X d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS St. Joseph Hospital 5509 The Alameda NAME OF Middle First 4. DATE Lost Doy Year ond completely DECEASED EVELYN KIRCHHEINER 1967 July 11 (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours Aug.14. 1901 WIDOWED DIVORCED Female White 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) ond in Own Home during most of working life, even if retired) OSAY? ottending physicion sermit. Then please Baltimore, Md. Homemaker

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removol, Sarah McClain William H. Lamm 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address Above Louis Kirchheiner No CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH Massive acute myocardial infarction IMMEDIATE CAUSE (o). offending physicion. thrombosis of main right coronary artery. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse the (c) 05 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) hos CERTIFICATION NO YES TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or **DIRECTOR:** After this certificate 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor (County) foctory, street, office bldg., etc.) Not While at work of work 21. I certify that (t) (this hospital) attended the deceased fram July 9, 1967, ta July 11, 1967, that (4) (we) last saw the deceased alive an July 11 1967, and that death accurred at 8:10M, fram causes and an the date stated above. director, page 3 should should be filed with the 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 7/12/67 M.D. PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 7620 York Road, Baltimore, Md.21204 Reynaldo Priuela Gomez, M.D. 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Baltimore Md. 7-15-67 Oaklawn 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR H.W. Jenkins & Sons Co. 4905 York Rd. 1967 Balto. Md.



VR A1S (4) 1SM 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

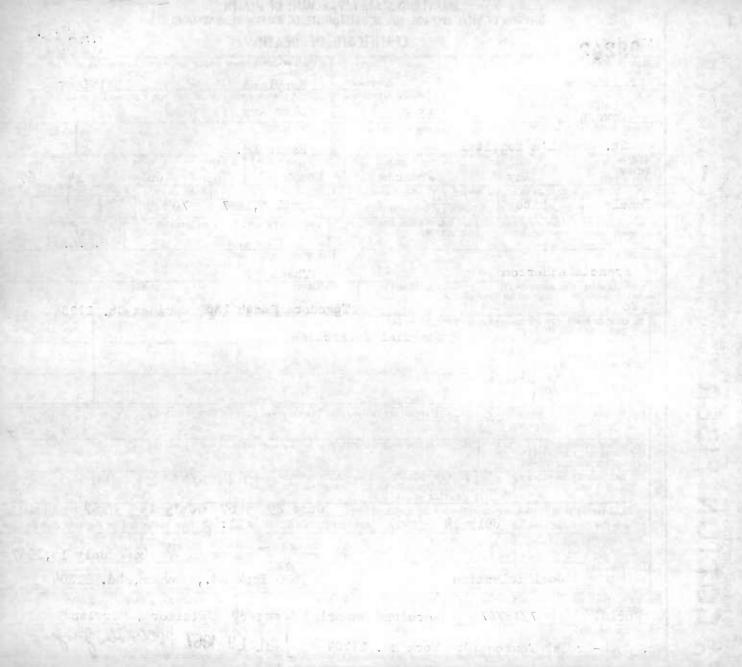
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	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, ff Institution: Residence before edmission)			
	a. COUNTY		a. STATE,	b. COUNTY, +		
-	b. CITY OR TOWN (if outside corporate limits,   c. LE	MARYLAND	Ma	BAILIM		
-	write RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	State limits, write KOKAL and gi	ive neerest town)	
1	Arbotus	28 Yrs.	Hrbutus	1	3.1	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g	ive street address)	d. STREET ADDRESS		. IS RESIDENCE	
	5646 Carville Ave		5646 Carville	Ave	YES NO	
	3. NAME OF DECEASED (Type or print) Gertrude A. Te	Middle	Last 4. DATE OF DEATH	Month D	Year 1967	
1	5. SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED TIB.	DATE OF BIRTH 9.	AGE (In years   IF UNDER 1 YE		
	F WIDOWED X	DIVORCED	Tuly 12 1898	(8 yrs. Months Day		
ı		BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or	foreign country)   12. CITIZE	N OF WHAT COUNTRY?	
	done during most of working life, even if retired)		Ralta City	MIL	CA	
-	13. FATHER'S NAME	eval	14. MOTHER'S MAIDEN NAME	1419'	3,71,	
	10. TATILE STAME	BLANK CS	A. MOTHER'S MAIDEN NAME			
	George I horn ton	25 2 F 15	Minna Ke	1114		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIA (Yes, no, or unkown)   (If yes give wer or dates of service)	AL SECURITY NO. 17. IN	IFORMANT	Address	*4.	
	1) 2 /5-	07-2541, To	er Mc Mayor Co	50 m) 5646 Ca	vville Au	
2	18. CAUSE OF DEATH  Enter only one cause per line for	(a), (b), and (c).)	0	1	INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY:		() . 0		ONSET AND DEATH	
	IMMEDIATE CAUSE (a)	onces (	Xamusia	2	-	
	DUE TO ON	,	1/ 201	/ X		
	Conditions, if any, which (b)	ey wan	deal try	feer trug		
1	gave rise to immediate cause (e), stating the underlying DUE TO		/			
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	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	19. WAS AUTOPSY	
7	01				PERFORMED?	
	5			40.	YES NO	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE  2Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE N OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURED.	(Enter nature of injury in Pert I or Part II	of item 15.)		
- 1						
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY While N			or town) (County	(Stete)	
	Hour s.m. While N	lot While factor	ry, street, office bldg., etc.)			
			0114	Jacoby 4, 1967	11 -1/11)(11)	
-	21. I certify that (I) (this hospital) attended to	10-	// // //	// /		
	saw the deceased alive on the	196/, and that c	death occured at.T.A.M. from	the causes and on the		
	220. SIGNATURE		ATTENDING MED.	STAFF	22b. DATE SIGNED	
	The way	lles M.E	DIRECTOR	PHYS.	7/5/6/	
	22c. PHYSICIAN'S NAME (Type)		REZD. ADDRESS	1 . 1	2. ()	
	Induit (1900)		- Jacu	Ker/E,	na -	
-	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY O	R CREMATORY   23d, LOCA	ATION (City, town or county)	(Stete)	
1	REMOVAL (Specify)	oudon Pa	Vita I'No	1 timore	Mel	
1		ADDRESS	25a. REC'D BY REGIST	TRAR 256 REGISTRANT SIG		
	24 FUNERAL DIRECTOR'S SIGNATURE	AUDRESS	/	2 1967 Milia	rles Judge	
İ	Nalters toneral Home Di	alto, Ma	DATE SOL 1		0 0	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09240 CERTIFICATE OF DEATH 0924 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH Baltimore a. COUNTY o. STATE b. COUNTY Wisconsin Kenosha MARYLAND requires that the death certificate be executed within 24 haurs after c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) 2.wks. Kenosha e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1811 Leadburne Rd. 21204 1814-75th. St. YES NO# NAME OF First Middle Last 4. DATE Month Day Year DECEASED Charles A. Kopecki July 13.67 DEATH (Type or print IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED # DIVORCED and in any M Cauc. 11-11-1892 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTH CTASE (County & State, of foreign fountry) during most of working life, even if retired) INDUSTRY COUNTRY? 总特差差款总统并被构件差据 II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Novack Ahton the attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Kopro (Yes, no, or unknown) (If yes give war ar dates of service) 390 03 5408 Richard Woreski. 1811 Leadburne Rd. 21204 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO as the stoting the underlying cause has been PHYSICIAN: The law last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? NO O FUNERAL DIRECTOR: After this certificate jo 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While ot work 79 6 196 that W ( last 21. I certify that (1) (this haspital) attended the deceased from. and that death accurred at 24 M, fram causes and an the date stated abave saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles T. O. Donnell Towson, Md director, shauld be 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) -15-67 Kenosha, Wisconsin St. Georges 250. REC'D BY REGISTRAR 25b. REGISTRAR'S ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) Wm. Cook-Brooks Towson, Towson, Md. 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 7, kk 09242 09243 24 hours after deoth. and 2 2. USUAL RESIDENCE (Where deceosed lived, if institution: Posidence before admission) the ottending physicion ond completely filled in by the funeral sit permit. Then please remove corbon papers. Pages I and PLACE OF DEATH o. COUNTY b. COUNTY ALTIMORE MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) ALTIMORE ANDALLSTOWN d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2014 HOSP NGEL WOOD BALTIMORE GEN NO T YES PHYSICIAN: The low requires that the death certificate be executed within NAME OF Middle 4. DATE Dov Year Lost DECEASED 196 (Type or print) DEATH Kraing 9 MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE S. SEX NEVER MARRIED birthdoy) Months Hours WIDOWED DIVORCED and in any 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) IDo. USUAL OCCUPATION (Give kind of work done INDUSTRY during most of working life, even if retired) BALTIMORECIT CLOTHING DESIGNER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol. Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 2014 ENGEL WOOD BALTO (WIFE) cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY MUMPA IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO for use as the b f Heolth prior to b stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) with the State Dept. of Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) 2De. PLACE OF INJURY (Home, form, (City or town) (Stote) 2Dd. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While 21. I certify that (I) (this hospital) attended the deceased from 19 60 , ta 1967, that (I) (we) last ploods 1967, and that death accurred at 530 M, fram causes and an the date stoted above. saw the deceased olive on 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS page 22d. ADDRESS director, page should be file 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF BURIAL, CREMATION, REMOVAL (Specify) Mt. Olivet Baltimore Md. BY REGISTRAR 24. FUNERALDIRECTOR ADDRESS Mill Rd. 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

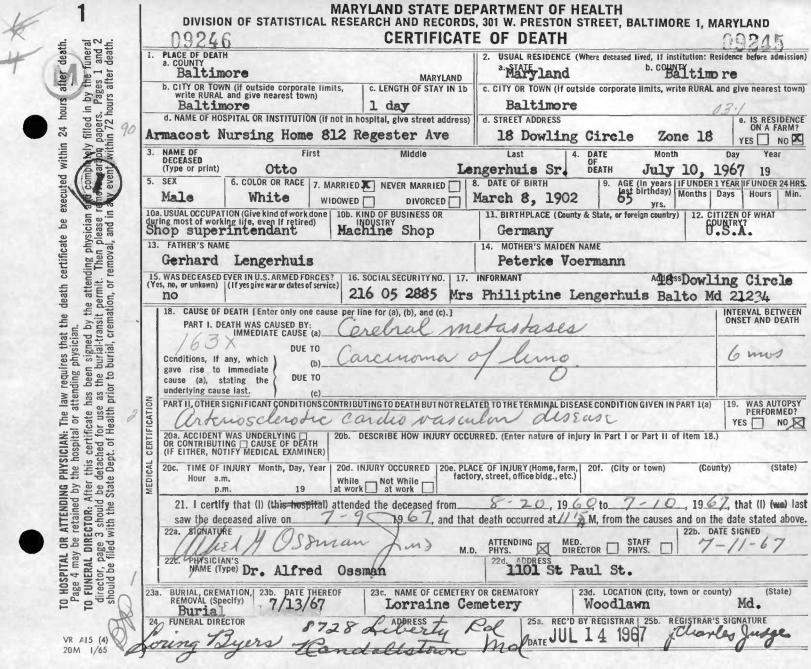
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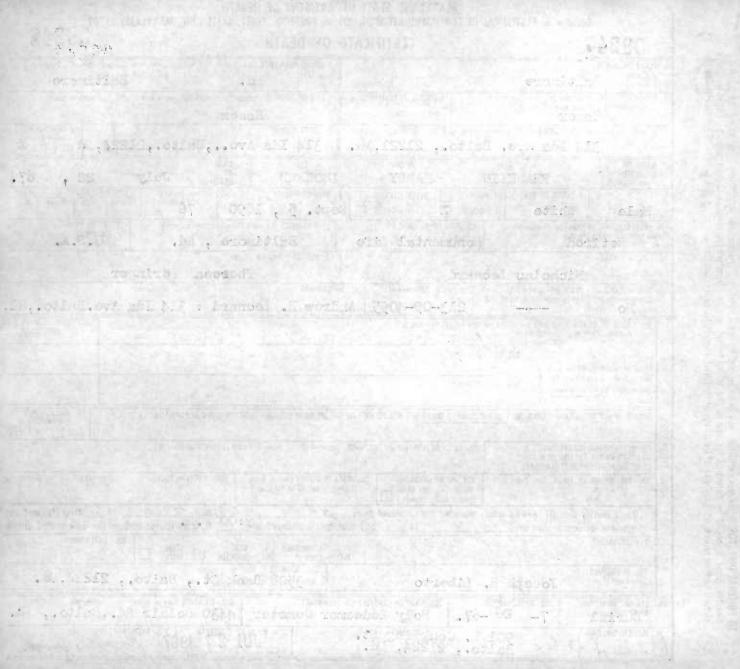
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09245 CERTIFICATE OF DEATH 09244 requires that the death certificate be executed within 24 haurs ofter death. by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Balto. o. STATE Balto. MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, weits PURAL and give neorest town) 16 MONTHS TOWSON d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1401 MIDMEADOW RD. Dulaney-Towson Nursing Home YES NO X NAME OF DECEASED First Middle Lost 4. DATE Month Doy Yeor Mary Lavman July (Type or print) 22 1967 DEATH 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months Doys Hours Female White WIDOWED V DIVORCED April 30, 1881 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? MARYLAND IL S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Harvey Mary Gibson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 401 MIDMEADOW, signed by the ottendii burial-transit permit. burial, cremation, or re (Yes, no, or unknown) I(If yes give wor or dotes of service) 216-46-2830 MRS. MARY NORRIS, TOWSON, MD. 21204 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH RONCHO. THEU MONIA IMMEDIATE CAUSE (o) DUE TO ARCINOMA-CALON Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ISEASE YES [ NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) foctory, street, office bldg., etc.) Not While **DIRECTOR:** After of work of work 21. I certify that (I) (this hespital) attended the deceased from 21. I certify that (I) (this hospital) attended the deceased from 19/4, 19/6, to 22, 19/6, that (I) (see lass saw the deceased alive on 10/22, 19/67, and that death accurred at 7/6 M, from causes and an the date stated above 22o. SIGNATURI 22b. DATE SIGNED MED.
DIRECTOR STAFF PHYS. X TO FUNERAL DIRE director, page 3 should be filed v M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) AVENWOOD LOPD 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) BURTAL (Specify) FROSTBURG, MD. JULY 24, 1967 FBG. MEMORIAL PARK 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE DATE JUL 2 6 196/ JOSEPH R. DURST, SR., FROSTBURG, MD. 21532

MARYLAND STATE DEPARTMENT OF HEALTH

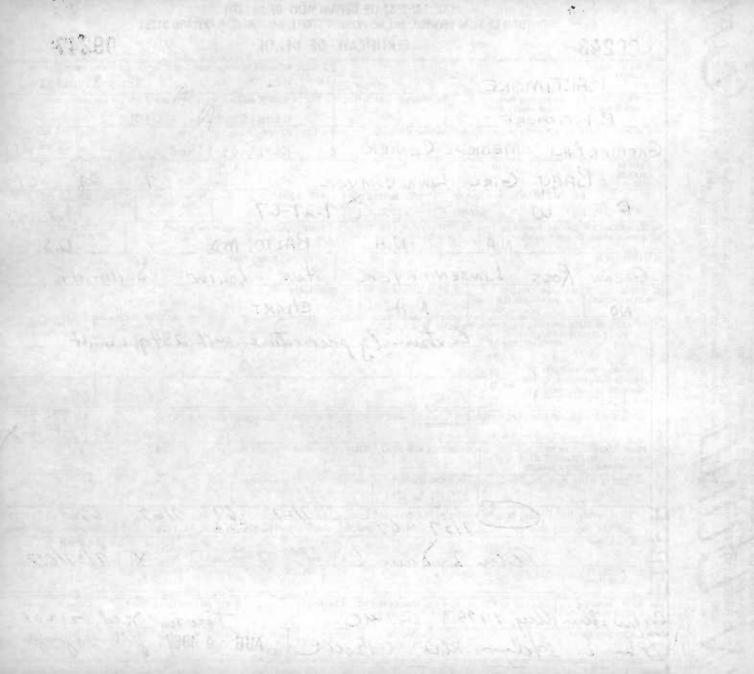
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MARYLAND STATE DEPARTMENT OF HEALTH



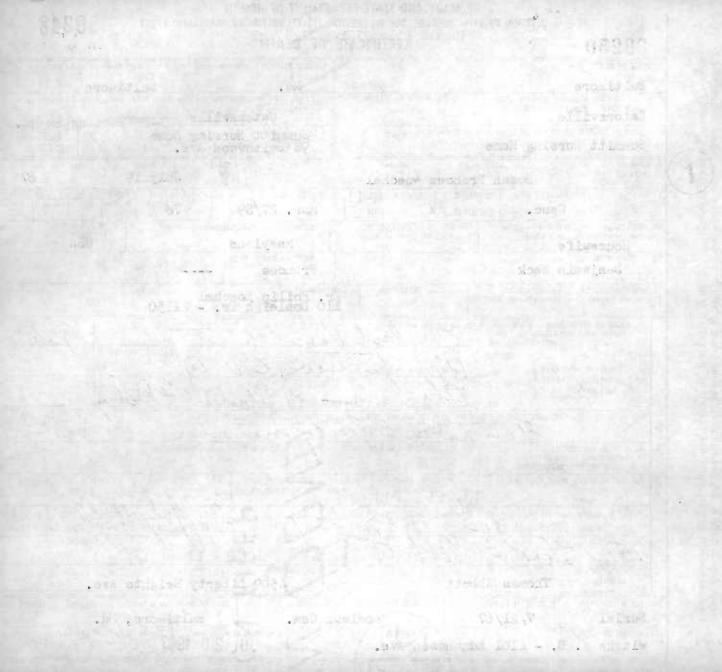
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 2 Fi 09248 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY Baltimore h COUNTY MARYLAND Baltimore b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town) Wattensvi/Med Baltimore #29 corbon popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)
Bloomsbury Retreat d. STREET ADDRESS 614 e. IS RESIDENCE ON A FARM? Bend Road 200/ BLooms bury Av filled YES NO T withi 3. NAME OF Middle 4 DATE Manth Last Day Year completely DECEASED Walter Linthicum July 12 (Type or print) DEATH S SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years LIF UNDER 24 HRS remove birthday) Days Haurs M Wh Mar. 4/83 WIDOWFD DIVORCED [ ond in ony pup 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotian, or removal. Margaret Whitaker George W. Linthicum IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address MFORMANT L. Carter
Nelson L. Carter
954 Andrews Rd. -West Palm Beach, Fla. (Yes, ng. grunknawn) (If yes give war ar dates of service) 216-05-8569 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) p DUF TO buriol Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) After this certificate has 3 with the Stote Dept. of Health YES NO 5 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While at wark 196 (that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from, 1960 19/e /, and that death accurred at 200 M, from causes and an the date stated above FUNERAL DIRECTOR: saw the deceased alive on. 22a. SIGNATURE 22b. DATE & GNED **ATTENDING** M.D. DIRECTOR filed PHYS director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S Ziegler NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. 8URIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) Burial (Specify) Baltimore, Md. Mt. Olivet Cem 9 24. FUNERAL DIRECTOR Witzke F. D. - 4101 Edmondson Ave. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 1967 DATE U

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09249 Ttem 2 CERTIFICATE OF DEATH 09250 after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
Catonsville c. LENGTH OF STAY IN 1b. CITY OR, TOWN (If outside carporate limits, write RURAL and give nearest tawn) ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Catodstille 903-24 Nottingham Re e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Summitt Nursing Home Smithwood YES T NO NAME OF campletely fave carbon WIT First 4. DATE Last Month Dov Year DECEASED 19 67 July 19 Susan Frances Loechel (Type or print) DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED B. DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** remave last bighday) Months Hours Mar. 27/89 Cauc. WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT and in INDUSTRY COUNTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Beck Frances 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Philip Loechel Donleigh Dr. permit. (Yes, no, or unknown) (If yes give wor or dates of service) 5 burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), ond (c):
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital ar attending physician. signed b DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse as the lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO YES certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter Noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) **DIRECTOR:** After this (County) foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased fram\_ Page 4 may be retained director, page 3 shauld should be filed with the and they death occurred at saw the deceased alive an. M, from causes and an the date stated abave. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING M.D. 22c. PHYSICIAN'S 22d. ADDRESS O FUNERAL NAME (Type) Thomas Abbott 4509 Liberty Heights Ave. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) BEMOVAL (Specify) Woodlawn Cem. Baltimore, Md. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR liarely VR A15 (4) 25M 1/67

Witzke F. D. - 4101 Edmondson Ave.



" PULLEUM 3200 327739". 21211 38 Chys BALTIMORE GREATER BAHLMER MEdiEN CONTER 5515 P. 19 Kim Kond MAIL WAITE WAITE Y 3 75 RETIRED VICE BULL LINE BALTIMORE, M.d. LE LE STERNER BED AL LAKEROWN 215-10-1749 .... Proceeding Localities .... (State) CANCER of BLADDER blood Pressure drop -7/12 67 6/19 67 7/11 63 JAW Epichers CBAC-N chiral to best man- Man TOTAL CONTRACTOR OF THE PARTY O description of the date, and the second of the second

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09251 CERTIFICATE OF DEATH 09252 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY h COLINTY Maryland Baltimore MARYLAND Pages States b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) days Baltimore Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) filled in d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1562 Clifton Avenue Veterans Administration Hospital YES NO Z Middle 4. DATE Month Year DECEASED 19 67 July TOGAN event, SAMUEL (Type or print) DEATH SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. **NEVER MARRIED** remove Jost birthdoy) Hours apy WIDOWED DIVORCED Negro Male and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** and Sumter, S.C. Laborer Construction 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya Jane Samuel Logan IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service Clinical Rcds, VA Hospital, Fort Howard, Md. 220 09 95 14 Yes crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY PNEUMONIA, BILATERALLY, UNDETERMINED ORGANISM ONDIA MYS DEATH IMMEDIATE CAUSE (a) þ XXX burial, UNKNOWN Conditions, if ony, which gove BONE METASTASES rise to immediate couse (a) **DUE TO** stoting the underlying couse Page 4 may be retained by the hospital ar attending peen priar to UNKNOWN ADENOCARCINOMA OF PROSTATE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? certificate has ARTHRITIS LEFT KNEE, UNDETERMINED ETIOLOGY NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) (State) Hour 'o.m. foctory, street, office bldg., etc.) Not While ot work at work 21. I certify that (1) (this haspital) attended the deceased from May 19 sow the deceased glive on July 4 1967, and that death occur 1, 19 67, that XI) (we) lost 10 67, to July sow the deceased alive on July and that death occurred of 9.05 M, from couses and on the date stated obove. FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NEILON NEILSON. M. VA Hospital. Fort Howard, Maryland D. directar, shauld by BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY ATIONA 0 FUNERAL DIRECTOR MARSHALL P. HAYES FUNER **ADDRESS** 

638 N. GILMORE ST. BALTIMORE, MD.

VR A15 (4) 25M 1/67

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AND SERVE AND ELECTRICAL PROPERTY OF THE PROPE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09252 09253 CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Harris burg OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS YFS NO carban NAME OF Middle Year Dov DECEASED OF Hice 1967 Long (Type or print) DEATH 10 IF UNDER 1 YEAR S. SFX 6. COLOR OR RACI 7. MARRIED NEVER MARRIED 9. AGE (In years 2 last birthday) Months Days Hours WIDOWED DIVORCED pup 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S NAME ar remayal, 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service 172-01-363 crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO far use as the l Health priar tak stating the underlying couse certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? abdominal antic areniga 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) the hospital 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour a.m. factory, street, affice blda.. etc.) Not While 21. I certify that (I) (this hospital) oftended the deceased from July 10 19 67, and that death occurred at 2.07/4M, from causes and on the date stated above. saw the deceased olive an\_ O FUNERAL DIRECTOR: 22a. SIGNATURE DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S POLINESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) VR A15 (4) 25M 1/67

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Tawsin Edays therisburg Miss Greater Balto Med Couter 7186 Jonestown Rd. But Aice Long will a 7-13-94 MA Cour Hanni but Mo N S. R Sara A Wingard Miles 6 Long YES 1917 172-01-3183 Chart MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

09259

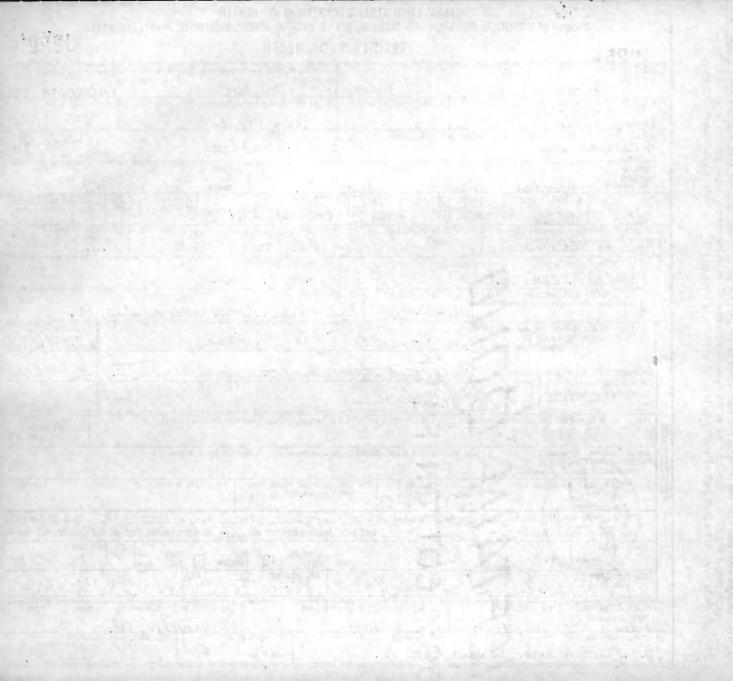
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	D. CITY OR TOWN (If autside carporate limits, LENGTH OF STAY IN 1b	C. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town)
	write RURAL and give pearest town)	
	Owings Mills	Owings Mills 03.1
	H. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRÉSS  6. IS RESIDENCE ON A FARM?
	5 Ritters Lane	5 Ritters Lane ON A FARM?
3	NAME OF First Middle	Last 4. DATE Manth Doy Year
	DECEASED	OF O
S.	Type or print) (harles Albert Long	2. Jr. DEATH July 11, 1967 19  8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
3		
	Male White WIDOWED DIVORCED	February 10, 1905 (2 yrs. Months Days Hours Min.
100.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHAT
oun	ng most of working life, even if retired)  MDLO year State Roads  INDUSTRY	Maryland GOUNTRY?
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Charles A. Long Sr.	Laura E. Hanson
10	WAS DECEMBED BYED IN HE ADARD FORCESS 14 COCIAL SECURITY NO. 17	INFORMANT Address
(Ye	a a second second 1/16 consider on detect of consider)	
	No 212-20-0577 M	rs. Mary M. Long, Owings Mills, Md.
	18. CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coronary	Thromfores Consein Warner
	DUE TO COM	7
	Canditians, if any, which gave (b)	- 4s ollompensation ker 1811/
	rise to immediate couse (o),	
	slating the underlying cause	
		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?
Y Y		YES NO
CERTIFICATION		. (Enter noture of injury in Part I or Part II of item 18.)
8	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MED	Hour a.m. While Not While of	ctory, street, office bldg., etc.)
	p.m. urwark = urwark =	2 1 1/2 10 1 7 16 10/3 / 11 1/11 / 12
	21. I certify that (I) (this haspital) attended the deceased fram_	
		at death occurred at AAM, fram causes and an the date stated above.
	220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	AND Latter N	I.D. PHYS. DIRECTOR PHYS. 1//2 -6/
	22c. PHYSICIAN'S	22d. ADDRESS
	VAMERTYDE JAMES OF STEEL	1 13 18 18 18 18 18 18 18 18 18 18 18 18 18
23a	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (State)
1	REMOVAL (Specify)	Pikesville, Md.
	Surial July 14, 1967 Unuid Ridge FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2 2Sb. REGISTRAR'S SIGNATURE
24	J.F. Eline & Sons, Reisterstown, Md.	3 196/ xccarces xue
	Joi of Late a soils, herseessault, ha.	DATE

VR A15 (4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, or remayal, and in any event, within 72 haurs after death.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physician.



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McNabb Funeral Home

and 2

the funeral

death.

Went, within 72

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1.	o. COUNTY	Baltimore		MARYL	AND	2. USUAL RESIDENCE (V g. STATE Maryl	Where deceased lived, if institution b. CO	oution: Residence	e before adr	mission)
	Fort I			c. LENGTH OF STAY IN	1b	Balti	tside carporate limits, write F		nearest taw	vn)
	Veterar	al or institution (if n				d. STREET ADDRESS  6501 Fred	erick Road		ON	RESIDENCE A FARM? NO X
	NAME OF DECEASED (Type ar print)	PAUL	irst C	Middle CHARLES L	OREN:	Lost <b>Z</b>	OF JULY	onth 15		Year 19 <b>67</b>
	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED		H .	DATE OF BIRTH 12/29/07	9. AGE (In years birthday)		Doys Ho	JNDER 24 HRS. Durs Min.
dı	Oa. USUAL OCCUPATION uring mast af warking Printer 3. FATHER'S NAME	(Give kind of work dane life, even if retired)	IN	nd of Business or Dustry Vspaper			& State, or foreign (ountry)  Maryland		IZEN OF WHI JNTRY?	AT
		art Lorenz					se Fisher			
1	5. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service)	SOCIAL SECURITY NO.		IFORMANT		dress Marvl	and	
	Conditions, if any rise to immediat stating the underlast.	e cause (a), rlying cause	(a) AT TO (b) TO (c)	DENOCARCINO		ECTO SIGMOT				A BETWEEN AND DEATH
NOIL	PART II. OTHER SI	GNIFICANT CONDITIONS C		TO DEATH BUT NOT RELAT	TED TO TH	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)		19. WAS PERF YES	S AUTOPSY FORMED? NO
CERTIFICATION	20o. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY			SCRIBE HOW INJURY OCC	URRED. (E	Enter nature of injury in 1	Part I or Part II of item 1B.)		1 113	J NO LA
MEDICAL	20c. TIME OF INJI Haur a.r	JRY Manth, Day, Year n.	20d. If While at wark	Nat While		E OF INJURY (Hame, farm ry, street, office bldg., etc.)		(Cou	nty)	(State)
	21. I certify that (X) (this hospital) attended the deceased from June 30 , 19.67 , to July 15 , 19.67, that (X) (we) last saw the deceased alive an July 15 19.67, and that death accurred al2:15.49 from causes and on the date stated abave.									
								15/67		
	22c. PHYSICIAN'S NAME (Type	JORGE A. I	FABARA,	M.D.			ITAL, FORT HO	WARD, I	MARYL	AND
	3a. BURIAL, CREMATION REMOVAL (Specify Burial	7/10	8/67	23c. NAME OF CEMETI New Catheo	dral	Cemetery	23d. LOCATION (City or Baltimore	Maryl	(County) and	(Stote)
	24. FUNERAL DIRECTO	IR .	Fre	derick Rd &	& War	de Ave 25a. REC'D	BY REGISTRAR 25b.	REGISTRAR'S SIC	GNATURE	dan

Catonsville, Maryland

1967

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by directar, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Per directar, page 3 should be detached for use as the burial-transit permit. Then please n shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and izy

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) within 24 hours . COUNTY Baltimore . STATE Maryland b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore Towson completely filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass) 435 Simmons Ave. d. STREET ADDRESS hours e. IS RESIDENCE ON A FARM? Presbyterian Home of Md. YES NO T 3. NAME OF Middle 4. DATE Day DECEASED OF E. LUBY (Typa or print) 19 6 withir 6. COLOR OR RACE 7. MARRIED NEVER MARRIED pue 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Female WIDOWED X DIVORCED [ physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Baltimorem Maryland Housewife Home please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Satterfield Joanna Mitchell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no. or unkown) | (Ifvestivawarordatesofsarvice) signed by the No Presbyterian Home of Md. Towson. the hospital or attending physician. 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c). The law requires 20 ONSET AND DEATH PART I. DEATH WAS CAUSED BY CORONADY OCCIUSION IMMEDIATE CAUSE (a) burial-transit DUE TO ARTURIOSE lepone CARDIOVASCULAR DIS has been Conditions, if eny, which gava risa to immadiate cause DUE TO (a), steting the underlying the PHYSICIAN: causa last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY as 9 CERTIFICATION PERFORMED? use prior PERNICIOUS ANEMIA-NO Z for 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) DIRECTOR: After this of Health be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, offica bldg., etc.) Not While Hour a.m. Dept. at work at work p.m 21. I certify that (I) (this hospital) attended the deceased from Dec 1960 to 1414 1 1967, that (1) (we) last pinous State 28 1967, and that death occurred at/139. M, from the causes and on the date stated above saw the deceased alive on JUNC 22a. SIGNATURE 22b. DATE TO FUNERAL director, page 3 be filed with the **ATTENDING** SIGNED HOSPITAL DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS ENABLE IR M.D 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Spacify) Moreland Memoria] Baltimore, Md. Buria ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Home, Inc. VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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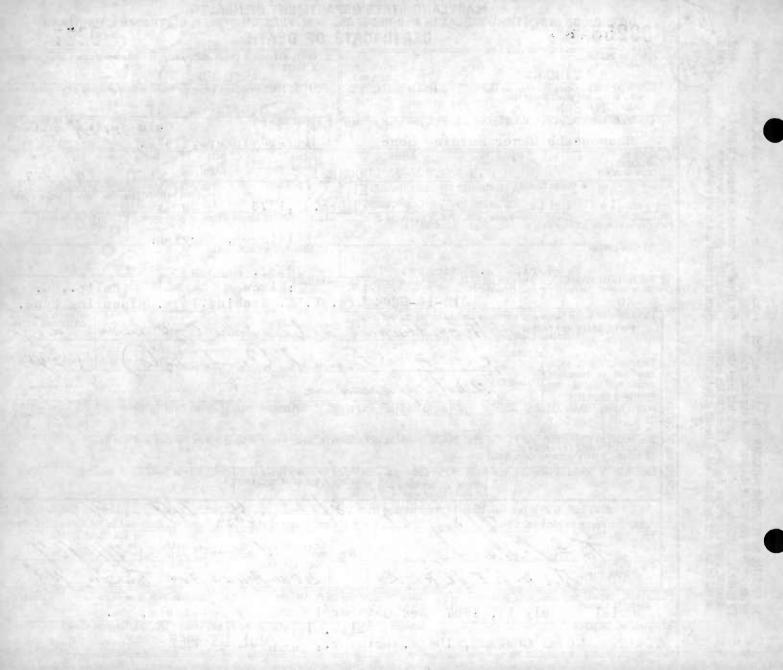
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MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RES	RYLAND STATE DEI SEARCH AND RECORDS	, 301 W. PRESTON	NEALTH STREET, BALT	TIMORE 1, MA	ARYLAND
09253	CERTIFICAT	E OF DEATH			<i>32</i> 35
a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE		, If institution: Res	sidence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Catonsville	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If c		Its, write RURAL a	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in Shady Nook Nursing Home		d. STREET ADDRESS  29 Cedar	Hill Road		6. IS RESIDENCE ON A FARM? YES NO
3. NAME DF DECEASED (Type or print) Elizabeth	Middle	Lucke Last	4. DATE DF DEATH	July 3	Day 1967 Year
Female 6. COLOR OR RACE 7. MARRI WIDOW		Jan 3, 188	3 last birti	years   IF UNDER 1 hday)   Months   C	YEAR IF UNDER 24 HRS. Days Hours Min.
Housewife	D. KIND OF BUSINESS OR INDUSTRY	Balto, Md		country) 12. CIT	IZEN OF WHAT JNTRY? S.A.
13. FATHER'S NAME Roderick McInnis		14. MOTHER'S MAIDE Neta (	n name unknown)		Serie III
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		INFORMANT r. Frank Luc		Address r Hill Ro	ad
PART I. DEATH [Enter only one cause possible of the cause of the cause of the cause (a) and the cause (a) and the cause (a), stating the underlying cause last.    DUE TO   DU	MASCVK	in farc	tion	/EN IN DADT 1(a)	INTERVAL BETWEEN ONSET AND DEATH
Y 20a ACCIDENT WAS HINDERLYING I 1 20h					PERFORMED?
		CE OF INJURY (Home, far			
Hour a.m. Wh p.m. 19 at w	ile Not While facto	ry, street, office bldg., et	c.)	(000)	(5,0,0,0)
21. I certify that (I) (this hospital) atte		death occurred at		auses and on the	_, that (I) (we) last e date stated above. TE_SIGNED /
22c. PHYSICIAN'S NAME (Typeugenio E. Beni	M.D. M.D.	PHYS. D	IRECTOR STAFF PHYS.	0 7	15/67
23a BURIAL CREMATION   23h DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (C		nty) (State)
Entombment 7/6/67	Lorraine Man		Woodlawn D BY REGISTRAR   25	Balto Bb_ REGISTRAR'S	SIGNATURE
Loring Byen 8728 Le	berty Rd Rand		JUL 7: 191	07 11/1-	see Jung

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 yours after

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	MA	RYLAND STATE DEPAR	TMENT OF HEA	ALTH	
		SEARCH AND RECORDS, 301	W. PRESTON ST	REET, BALTIMORE 1,	MARYLAND
09	260	CERTIFICATE O	F DEATH	3	9259
PLACE D	E DEATH	II o	IICIIAI DECIDENCE (Who	no deceased lived 16 Institution	· Pacidence before

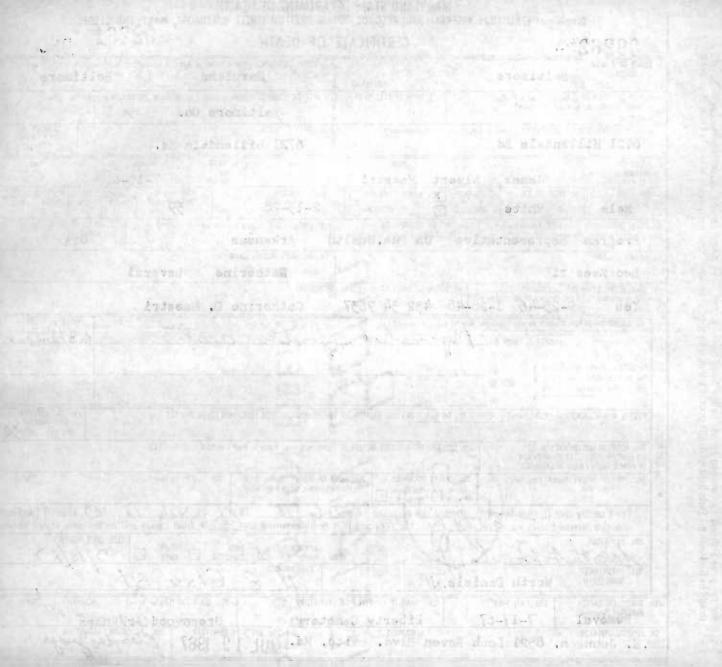
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1. PLACE DF DEAT a. COUNTY	Н			2. USUAL RESIDEN	CE (Where deceased lived, If Ins	titution: Residence before admission)
a. COUNTY B	altimore		MADVI AND	a. STATE	land b. COUN	Baltimore
b. CITY OR TOW	/N (if outside corporate	e limits,	MARYLAND  c. LENGTH OF STAY IN 15		f outside corporate limits, wr	ite RURAL and give nearest town)
Write RURAL	and give nearest town	1)	10 Years	Catonsvi	lle	
			ospital, give street address			e. IS RESIDENCE
	oorehead Ros		opical Biro accor addicor		rehead Road	ON A FARM?
						YES NO E
3. NAME DF DECEASED	Fir	st	Middle	Last	4. DATE Month	00 (7
(Type or print) 5. SEX	Rosina		М.	Ludwig	DEATH July	10
Female	1	7. MARRIED	~	8. DATE OF BIRTH		Months   Days   Hours   Min.
	White	WIDOWED			78 yrs.	
during most of work	TION (Give kind of work d ling life, even if retired	lone 10b. Ki	IND OF BUSINESS OR NOUSTRY		county & State, or foreign country	) 12. CITIZEN OF WHAT COUNTRY?
Housewi	re			Maryland		U. S. A.
13. FATHER'S NAM				14. MOTHER'S MAI	DEN NAME	
George	Fassel			Virginia	Kimball	
15. WAS DECEASED	EVER IN U.S. ARMED FOR	RCES?   16.	SOCIAL SECURITY NO.   17	. INFORMANTDaugh	ter) chris	Ensville, Md.
No	(If yes give war or dates of	Ser vice)	None M	rs. Ida Wies	sner, 6012 Moon	rehead Rd.
J 18. CAUSE OF	DEATH [Enter only one	cause per li	ine for (a), (b), and (c).]			I INTERVAL BETWEEN
	EATH WAS CAUSED BY:	(6)	. 0	est		ONSET AND DEATH
4201	IMMEDIATE CAUSE	-	on the core	- 1		Scand
Conditions, If	any, which \	17	unare Uste	rul)cons	causing	1 Les Barres
gave rise to	Immediate (	(b)	2	0	X	
cause (a), s underlying caus	tating the	1	an ofato	North 16	de-	monther
		(c) NS CONTRIBU	ITING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART1(a)  19. WAS AUTOPSY
TA						PERFORMED?
PART II. OTHER  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING	1 20b. E	DESCRIBE HOW INJURY OC	CURRED (Enter nature o	f injury in Part I or Part II o	
OR CONTRIBUT	ING CAUSE OF DEAT	H IFR)	TOOM TO WINDOW.	001(11201 (21100) 1121210 1		
	INJURY Month, Day, Y		NJURY OCCURRED   20e. PI	LACE OF INJURY (Home, f	arm.l 20f. (City or town)	(County) (State)
20c. TIME OF Hour a.		While	Not While	tory, street, office bldg.,		(000.11)
₩ p.	m. 19	at work		9	=156	
21. I certi	fy that (I) (this hosp		ed the deceased from_		1967, to 7/28	, 19 <u>62</u> , that (I) (we) last
	ceased alive on	6	1960, and th	at death occurred at	#5#1M, from the causes	and on the date stated above.
22a. SIGNATU	RE	X	0	ATTENDING -	MED STAFF	22b. DATE SIGNED
DILLYO LO L	unies	n	otan N	I.D. PHYS.	DIRECTOR PHYS.	1/29/6/
22c. PHYSICI NAME (T		Nolan	M. I	22d. ADDRESS 1 Mallo	W Hill Rd. Cato	onsville, Md.
23a. BURIAL, CREI	MATION, 23b. DATE T	HEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
Burial (Sp	MATION, 23b. DATE T	67	Oak Lawn Cer	metery	Balti	more, Marvland
24. FUNERAL DIR	ECTOR		ADDRESS	25a. RI	C'D BY REGISTRAR   25b. R	EGISTRAR'S SIGNATURE
John J. D	uda, 7922 W:	ise Ave	Dundalk, Mo	DATE A	UG 1 1967 8	Minter Judge

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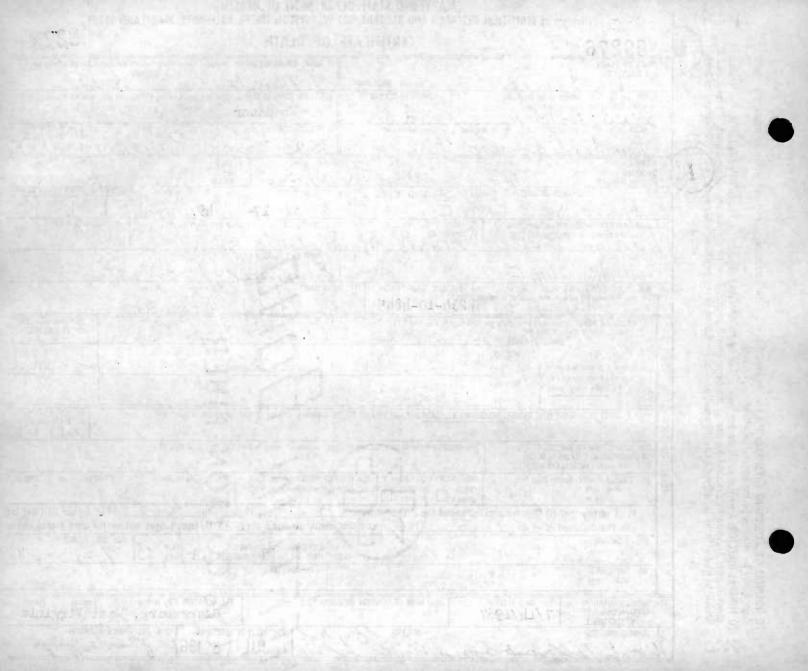
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09260 09261 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5yrllmth26dys Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) papers. d. STREET ADDRESS IS RESIDENCE DN A FARM? completely filled HOSPITAL 72 Southgate Avenue WHELD SPRING GROVE STATE ND I NAME OF First Middle Lost 4. DATE Month Year DECEASED Caroline M. Lutz July 23 67 (Type or print) DEATH remave car IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost birthdoy) Months and in any WIDDWED DIVORCED Feb. 21, 1896 white female and 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY
S Govit during most of working life, even if retired) COUNTRY? attending physician permit. Then please Maryland secretary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaval, J. August Lutz Anna M. Butzen IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 220-48-5350T Records: SPRING STATE HOSPITAL GROVE burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH Pneumonia IMMEDIATE CAUSE (o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse this certificate has been detached for use as the e Dept. of Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? Generalized arteriosclerosis - Malnutrition NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) 21. I certify that (4) (this haspital) ottended the deceased fram. July 27 19,61 July 23, 19 67that (x (we) last saw the deceased alive on July 23 19 67, and that death occurred at 6:35M, from couses and on the date stated above. TO FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE Wachsler 7-23-67 MD GROVE STATE HOSPITAL 22d ADDRESS SPRING 22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M.D. Baltimore, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Mary's Cemeter 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Funeral Home - Annapoli

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09262 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY Baltimore o. STATE Maryland b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) hours The low requires that the death certificate be executed within 24 haurs Baltimore Co. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ond in ony event, within 72 ON A FARM? 6721 Hillendale Rd 6721 Hillendale Rd. NO YES 3. NAME OF Middle 4 DATE remove carbon Doy Year DECEASED OF DEATH Albert James Maestri 7-15-67 19 (Type or print) 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost histhday) Months Dovs Male 2-13-28 White WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10g. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT A VEINDUSTRYS COUNTRY attending physicion overmit. Then please Pub. Health Arkansas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Leo Maestri Matherine Levezzi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give was ar dates of service 9-25-46 1-28 432 34 9637 Catherine D. Maestri CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gave (b) rise to immediate couse (o), DUE TO stoting the underlying couse as the State Dept. of Health prior to (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION this certificate PHYSICIAN: ٥ 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. (City or town) (State) (County) factory, street, office bldg., etc.) Nat While ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hespital) attended the deceased fram July 15 , 1967, to Uhle 15, 1962, that (1) (we) last director, page 3 should should be filed with the saw the deceased glive an did not see 190/100 and that death accurred at M. fram causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF M.D. 22d. ADDRESS TO HOSPITAL Poge 4 may b PHYSICIAN'S Worth Daniels, Jr. NAME (Type) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 7-17-67 Liberty Cemetery Greenwood Arkansas 24. FUNERAL DIRECTOR
Wm. E. Johnson. 8521 Loch Raven Blvd. 2So. REC'D BY REGISTRAR Balto. Md. VR A15 (4) 20 M 1/66 1967



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09275 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the ottending physician and completely filled in by the funeral sit permit. Then please remove carbon papers. Poges I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND C. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits write RURAL and give negrest town Woodmoor OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NAME OF DATE First Lost Doy Year DECEASED OF DEATH (Type or print) 1967 DMAS SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH NEVER MARRIED Months hethdoy) Doys Hours and in ony WIDOWED DIVORCED 10c. USUAL OCCUPATION (Give kind at work done during most of working life, even if fetred) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME or removol, 16. SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war or dates af service) 234-10-4845 IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause Poge 4 moy be retoined by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate hos been as the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? of Health YES NO Į. 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER Stote Dept. 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (Caunty) (State) Nat While factory, street, office bldg., etc.) at wark at wark 21. I certify that (1) (this haspital) attended the deceased from and that deoth accurred at 10:50 M. fram causes and on the dote stoted above saw the deceased olive on. 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (Caunty) Clarksburg, West Virginia 7/14/1967 REMOVAL (Specify) Remova. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	09263			CERTIFI	CATE	OF DEATH			(	12	00	
	PLACE OF DEATH o. COUNTY	Baltimore		MARYL	AND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY b. COUNTY						
	b. CITY OR TOWN (If	outside carparate limit give neorest town)	s,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou			RAL ond give	e neorest	town)	
		Baltimore					altimo	ore		13.1		
		L OR INSTITUTION (If n		ve street address)		d. STREET ADDRESS				6	ON A F.	DENCE ARM?
_		lmridge Av				1203 Elmri					YES 🗌	NO <b>₹</b>
3.	NAME OF DECEASED		irst	Middle		Lost	4. DATE OF	Mont		Doy	Ye	or
5	(Type or print)	6. COLOR OR RACE	rniece 7. MARRIED	A.		Mahoney  Date Of Birth	DEATH	AGE (In years	IF UNDER	1 YEAR	19 IF UNDER	67
٥,			WIDOWED	NEVER MARRIED DIVORCED	님			last birthday)	Months	Days	Hours	Min.
100	Female	White (Give kind of work done				July 5, 191		51 yrs.	12. (1	TIZEN DF	WHAT	1
dur	ing most of working li		IND	Arm. Div.	nous	Conn.		, ig.: coo, { )		UNTRY?		USA
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME					
16		Wozniak	T		1 17 11		Helen					
(Ye	es, no, ar unknawn)	IN U.S. ARMED FDRCES? (If yes give wor or dotes	of service)	DCIAL SECURITY NO.		IFDRMANT		Addre			229	
				6-10-3349	Mr.	Joseph P.	Mahone	ey, 1203	Elmr:			
		ATH (Enter only one co H WAS CAUSED BY:	1	(a), (b), ond (c).)			1-	the so	- 20		ERVAL BET SET AND [	
	IMMEDIATE CAUSE (a) Livy saccoma of the small								1			
	(conditions, if ony, which gove) (b) intestine with metostosis							120				
		te to immediate couse (a), DUE TO								111	-	
	last.	)	(c)									
ATION	PART II. OTHER SIG	NIFICANT CONDITIONS (	ONTRIBUTING TO	DEATH BUT NOT RELA	TED TO TH	HE TERMINAL DISEASE CON	IDITION GIVE	N IN PART 1(a)			WAS AUT PERFORM ES	OPSY NED?
MEDICAL CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY N	CAUSE OF DEATH	20b. DES	CRIBE HDW INJURY DCC	URRED. (E	inter noture of injury in I	Part I or Port	II of item 18.)				
MEDICA	20c. TIME DF INJUI Haur 'a.m p.m	1.0	20d. IN. While of work	Not While of work		OF INJURY (Home, farm ry, street, office bldg., etc.)		(City or town)	(Co	ounty)		(Stote)
	21. I certify	y that (I) (this has	pital) attend	ed the deceased f		1	966, to			67, th		(we) las
		ceased alive an_	July	8 1967, ar	nd that	death accurred at.	325P.M	, from caused				d abave
	220. SIGNATURE	lest of	Len	Man	M.D.		MED. DIRECTOR	STAFF PHYS.	22b. D	ATE SIGNI	5/6	7
	22c. PHYSICIAN'S NAME (Type)	D- 11/-:				22d. ADDRESS 54			/	/		1111
	<b></b>		rt J. L				RXBBRRX	Cheirex1	e KK	CI2	-150	0
230	D. BURIAL, CREMATION REMOVAL (Specify)			23c. NAME OF CEMET				ATION (City or Tox	wn)	(County)	,	Stote)
	REMOVAL (Specify) Burial	7//1	2/67	New Cat	hedr	al Cemetery	Be	altimore	the same of	TAN LATERA		Md.

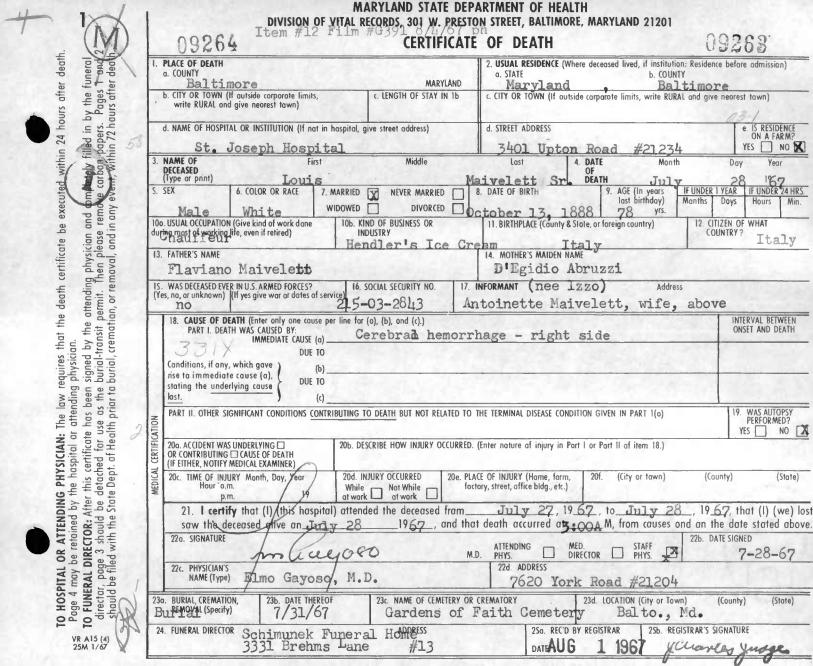
21229

Howard H. Hubbard, 4107 Wilkens Ave.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death filled in by the fune bog papers. Pages I writin 72 haurs after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbo shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

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## FOR STATE HEALTH DEP any delay is PM3. Page TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm in pencil in Item 18. Give Pages 1, This certificate shauld be executed within 24 haurs after death. If Health priar to burial, crematian, ar removal, and in any event within 72 haurs after death. 'pending"

necessary, please execute the certificate, writing the ward

5 may be retained far yaur files.

VR A15ME (5)

AEDICAL EXAMINER:

TO DEPUTY.

09265

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09264

	PLACE OF DEATH     O. COUNTY						2. USUAL RESIDENCE (V a. STATE	/here deceosed lived, i	institution: Residen	ce before odmission)
		b. CITY OR TOWN (If outside co	ore		MARYLA		c. CITY OR TOWN (If our	and	Balt	imore
		write RURAL and give neare	rporore nmirs, st town)		c. LENGTH OF STAY IN	10			vrite KUKAL ond give	e neorest town)
,		d. NAME OF HOSPITAL OR INSTI		in homital	8 days		d. STREET ADDRESS	imore		e. IS RESIDENCE
1		Mount Wilson					d. STREET ADDRESS			ON A FARM?
1	2 1	NAME OF			Militie			erty Hts.		YES NO
11	1	DECEASED	Firs		rantite		Lost	4. DATE OF	Month	Doy Year
	5.	(Type or print) SEX 6. COLOR	OR RACE	RYAN M	ALISZEWSKI NEVER MARRIED		. DATE OF BIRTH	9. AGE (In	July veors PIF UNDER	I YEAR   IF UNDER 24 HRS.
-	WIDOWED TO DIVORCED TO Sent, 26 1893 Jost birthdoy) Months								Doys Hours Min.	
	IDo.	Male Whi	of work done	10b. K	IND OF BUSINESS OR		11. 8IRTHPLACE (Stote	100	12. CI	TIZEN OF WHAT
	duri	ing most of working life, even if the Retained Tail	etired)	Oak	Loon Cloth	Co	Pol	and	8	OUNTRY?
	_	FATHER'S NAME					14. MOTHER'S MAIDEN N			
		Peter	Malis	ewski			Cathe	rine Piase	eski	
		WAS DECEASED EVER IN U.S. ARM			SOCIAL SECURITY NO.	17. 11	NFORMANT		Address	THE WHITE
	(16	is, no, or unknown) (If yes give v	voi or doles of	2	16-07-9695	Mel	vin Pruchni	ewski 313	Twin Oak	Rd 21090
		18. CAUSE OF DEATH (Enter		e per line for	(o), (b), ond (c).)					INTERVAL BETWEEN
		PART I. DEATH WAS CAU	SED BY: DIATE CAUSE (c	Sync	ope during	loc.	al anesthes	ia for bro	ncoscopy	ONSET AND DEATH
/		9241	DUE T	0					ATTES TO	
		Conditions, if ony, which gove rise to immediate cause (a)	10	)_Bro	onchogenic o	arc	inoma of rt	. lung wit	h	
		stoting the underlying coust	DUE							
		last.					ver and lym		1/ 1	19. WAS AUTOPSY
1	CERTIFICATION	PART II. OTHER SIGNIFICANT C	ONDITIONS CO	NIRIBUTING	TO DEATH BUT NOT RELAT	ED 10 11	HE TERMINAL DISEASE CON	DITION GIVEN IN PART	1(0)	PERFORMED?
	TIFIC	20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING		20b. DE	SCRIBE HOW INJURY OCC	JRRED. (	Enter noture of injury in F	Port I or Port II of iten	18.)	
	CER	CAUSE OF DEATH.	П		Syncope dur	ing	local anest	hesia for	broncosco	vac
	MEDICAL	20c. TIME OF INJURY Month,	Doy, Yeor	20d. I	NJURY OCCURRED 2 2	ve. PLAC	E OF INJURY (Home, form ry, street, office bldg., etc.)	, 20f. (City or	town) (Co	unity) (Stote)
3	ME	8.1	5 19 6	While of wor	k otwork by	F	losnital	Ball	n. Ba	lto MD.
		21. I certify that I t	aak charge	af the rer	mains described aba	ve, hel	d an Autapsy 👿 ,	Inspection,	Inquiry,	and in my apinian
		death resulted fram:		causes [	, Accident ,	Suici		, Undeterm	ned manner [	
		ACTUAL	11	M	./.		CHIEF MEDICAL			22. DATE SIGNED
		SIGNATURE	1111	1000	me-	-	_M.D. ASSISTANT MEDI			ZZ. DATE STORED
2		EXAMINER'S NAME (Type) Price	11 0	77			DEPUTY MEDICA Address (Street	city, town, or county)	T., 1	5 1067
4	230	Ruse	SELL S 3b. Date ther		her, M.D.	RY OR C		23d. LOCATION (C		5, 1967 (County) (Stote)
		DEMOVAL (Specify)	July 8		Holy Cros			German		Balto Md
	24	FUNERAL DIRECTOR			ADDRESS		2So REC'D	8Y REGISTRAR	2Sb. REGISTRAR'S S	
		The Dippel Br	others	Inc 1	SUU E Lombe	ra	DATE	6 1967	Clear	es Judge

Mounts of Laury Str. to Mounts L. Land Committee Committ NEW ACTION TO SERVE process and the state of the second control A PORT TO THE STATE OF THE STAT grounded control size to our Lond, each is properly Contoned enough their cost of the dated se beginned a five and asserous facts and The state of the s

in of the funeral director, and 2 should be filed with moy be revained. The hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours differ death.

TENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24

ofter death. Page

09266

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09265

o. COUNTY		2. USUAL RESIDENCE (V		tution: Residence before admission)
Baltimore	MARYLAND	Califo	rnia b. coun	114
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16			e RURAL and give nearest town)
Woodlawn	3 weeks		ancisco	13.3
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	r dodress)	d. STREET ADDRESS		e. IS RESIDENCE
6704 Dogwood Road		701 Po	st Street	YES NO
NAME OF First DECEASED	Middle	Losi	OF	Manth Day Year
(Type or print) Gertrude	B•	Mansfield	DEATH	7 9 196
	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year last birthda	y) Manths Days Hours Min
Female White widow	VED DIVORCED	7/8/1894	73 ,	yrs. Manths Days Haurs Min
<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>	. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stol	te ar foreign country)	12. CITIZEN OF WHAT COUNTE
- 11	Real Estate	Bridgen	ort. Conn.	U. S. A.
3. FATHER'S NAME	Cal Dagade	14. MOTHER'S MAIDEN		200
Clifford Banks		Barrett		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	A	Address
(If yes, give war or dates of service)	70001 7701	Man	DI CEOL	
0.		Mrs. Thelma	Rinn 6704	
18. CAUSE OF DEATH   Enter only one cause per I	line far (a), (b), and (c).	0.5.000	W 1	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Heure	coronary	Mone	rocs
DUE TO A	A	0 A.J	0 A.	e
Canditions, if any, which ) the	rerio de	Cerolec:	heart di	REDLA
gave rise to immediate			THE PERSON	
Luine annua took				
/ 19-	CONTRIBUTING TO DEATH BE	IT NIOT BELATED TO THE TER	MINIAL DISEASE CONDITION	CIVEN IN PART 10 19 WAS ALITOP
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	of NOT KELATED TO THE TEK	MINAL DISEASE CONDITION	PERFORMED?
	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	n Part I ar Part II of item 18.1	
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, fo	- 205 (C:1,, )	(County) (Sto
Haur a.m. While		factory, street, affice bldg., e	rtc.)	(County) (Sin
p. m. 19 at wa				
21. I certify that (I) (this haspital) atten	ded the deceased fram	7-5-1	967 to 7-9	7 - , 19 6 ], that (1) (we) 1
saw the deceased alive an 7-3	1900			and an the date stated abay
220. SIGNATURE	/ did mai	deall accorred alpea	M, Irain me causes	22b DATE
Arbarth Cally		M.D. PHYS.	MED. STAFF PHYS.	7-10-67
22c. PHYSICIAN'S DY BARBU	CALIN	22d. ADDRESS 8811 d	iberty Ru	Landallstown
30. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	rn, ar caunity) (State)
で作品でion 7/12/1967	Mountain (	Grove	Bridgepor	t. Conn.
4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			EGISTRAR'S SIGNATURE
Ctenching Thomas I He			JUL I 1 1967	When to a

TO HOSPITAL OF

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09266 CERTIFICATE OF DEATH 09267 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY d campletely filled in by the fune imave carbon papers. Pages I a o. STATE b. COUNTY Maryland Baltimore MARYLAND Baltimore b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b days Towson Phoenix, d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? St. Joseph Hospital Box 127. YES NO X Rte burial, crematian, or removal, and in any event with NAME OF Middle Manth Day Year DECEASED ELMA MARKLINE G. July 20 167 (Type or print) DEATH S. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lease remave last birthday) Manths April 24,1905 Female White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of wark dane during mast of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) U.S.A. INDUSTRY attending physician permit. Then please Home Maryland (Towson) Homemaker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harry C. Greaser Bertha Parks IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AddressRD #1 Box 127 permit. (Yes, na, ar unknawn) (If yes give war or dates of service 220-48-7579 Louis E. Markline Phoenix. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH Cerebral Hemorrhage IMMEDIATE CAUSE (a) \_\_\_\_\_ Page 4 may be retained by the haspital or attending physician. DUE TO Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS)
PERFORMED? NO X **DIRECTOR:** After this certificate YES far 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Manth, Day, Year Hour o.m. 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Nat While factory, street, affice bldg., etc.) While at wark directar, page 3 shauld be de shauld be filed with the State at wark certify that 4) (this haspital) attended the deceased from July 18 \_\_\_\_\_, 19 67, to July 20 , 1967, that 14) (we) last sow the deceased alive on July 20 1967, and that death occurred at \$150M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED X M.D. DIRECTOR 22c. PHYSICIAN'S 22d ADDRESS FUNERAL NAME (Type) Jaime Singzon 23d. LOCATION (City or Tawn) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) Madonna, Maryland
GISTRAR | 2Sb. REGISTRAR'S SIGNATURE Bethel 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS Jarrettsville. Misules Judge Charles E. Kurtz Md DATE 11 2 4 1967

24580 A.H.D. (noswor) or the last term among the second Harry J. Spender Burths arks To 1 --- 220-48-7579 Lowis S. Sarkline Location 31 32 315 or Cire, Early and Lodged Tarably by A. T. Leither District S. Rerts Jarrestsville, c. 11 8 1 1937 S. Rettsville

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09267 09268 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPTI PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COLINTY a STATE b. COUNTY PM3. Poge MARYLAND Maryland delay ond 3 t b. CITY OR TOWN IT ourside corporate limits. State Department c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. write RURAL and give nearest tawn) Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 58 St. Joseph's Hospital 1619 E. Chase Street NO NO in Item 18. Give Pages YES This certificate should be executed within 24 hours ofter death NAME OF Middle 4. DATE Day Year DECEASED OF DEATH with the (Type ar print) MARTIN BLEASE July 67 Examiner's Office along F UNDER 1 YEAR SEX IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED Z NEVER MARRIED last birthday) Months Days Hours within 72 hours ofter death. DIVORCED Colored Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (State or Joreign country) 12. CITIZEN OF WHAT during most of working **INDUSTRY** pages pencil 13. FATHER'S NAME MOTHER'S MAIDEN NAME mc Coner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unleadwn) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. permit. I the Chief Medical CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH event Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a). writing the word DUE TO any Conditions, if any, which gove (b) 0 rise to immediate cause (a), = DUF TO stating the underlying cause puo 05 last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS removal, PERFORMED? the certificate, YES V 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 3 should PRIMARY C or CONTRIBUTING 0 EXAMINER: CAUSE OF DEATH. cremation, 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City ar tawn) (County) Hour a.m. factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page at wark L at wark 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection | and in my opinion Inquiry Natural causes X. Accident deoth resulted fram: Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER MD SIGNATURE unerol DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Russell S. Fisher, M.D. Address (Street, city, town, or county) July 22, 1967 23g. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Town) 9 Sunal (Specify) 2Sq RFC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME (5) JUL 2 5 1967 Melmala, Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 0000 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) P.M.3. Page a. COUNTY a. STATE b. COUNTY 0 of Baltimore Baltimore MARYLAND Maryland delay 3 Deportment b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) and write RURAL and give nearest town) Dundalk (22)d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form in Item 18. Give Poges 1, Sholar Rd. 7817 Sholar Rd. NO hours after deoth. with the Shat Office along with NAME OF First Last 4. DATE within 72 Manth Year DECEASED OF Jult 8. MAYESKI 67 MATITIDA (Type or print) DEATH 19 SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR 7. MARRIED B DATE OF BIRTH IF LINDER 24 HRS NEVER MARRIED last birthday) Months Davs Haurs White WIDOWED Feb 9, 1897 event Female DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? VUO Farm Worker Baltimore, Md. 'pending' in pencil in ief Medical Exominer's Farm poges in ony 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Stanley Bruzdzinski Frances Mirawalk pup IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) [(If yes give war ar dates af service) removol 216 44 0107 William Maveski Samo 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH A-5-C-V-10 DISERSO IMMEDIATE CAUSE (o) This certificate shauld writing the word crematian, Canditians, if any, which gave rise to immediate couse (a) DUE TO stating the underlying cause 0 last. buriol, c PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? CERTIFICATION YES 🗍 NO please execute the certificate. 0 2Do. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enterconture of injury in Part I or Part II of item 1B.) 3 should AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2De, PLACE OF INJURY (Hame, farm, 2Dd. INJURY OCCURRED (City or town) (County) (State) factory, street, office bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Poge Nat While at work at wark designoted 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 2 and in my apinian the funeral director. "Suicide . death resulted from: Natural\_causes 1 Accident Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 10 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth M.D. 6800 MorningtoffeR Street, city 1948 an (punty) Md. Melvin B. Davis. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE THEREOF (County) (State) 0 REMOVAL (Specify) Baltimore Co., Md. 7/11/67 Sacred Heart of Mary ADDRESS 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5 Bruzdzinski Funeral Home 1407 Eastern Ave. DATE 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

09270

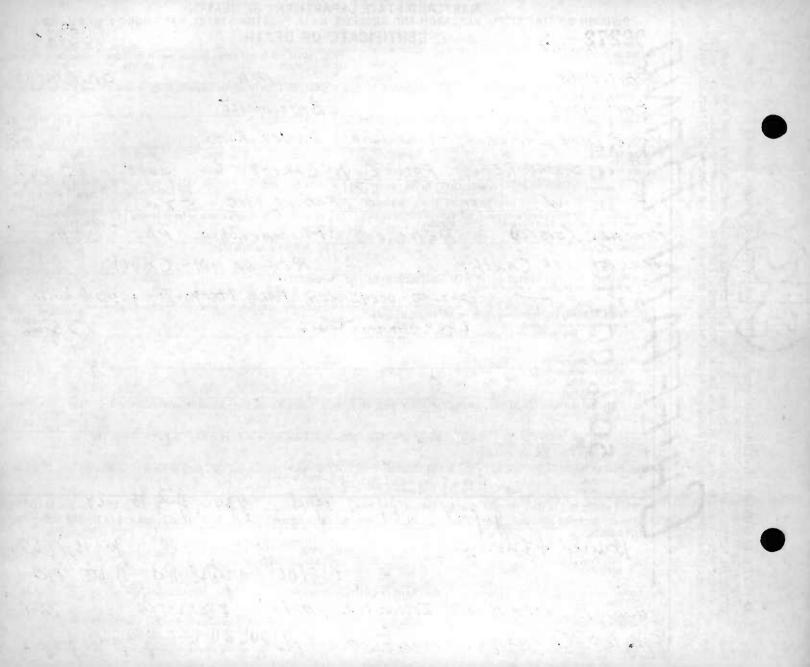
09271 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ve carbon papers. Pages 1 event, within 72 haurs after Baltimore MARYLAND Maryland b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Baltimore, 21212 d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) \_ d STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i St. Joseph Hospital 5628 Clearspring Rd YES 🗍 NO N carbon 3 NAME OF 4. DATE Last Manth Day Year DECEASED MARIE E. July (Type ar print) McCARTHY 19 67 DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH attending physician and camp sermit. Then please remove lost birthdoy) Manths DIVORCED TO in any female white WIDOWED 7-25-1899 11. BIRTHPLACE (County & State, or foreign country) 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)

Retired - Cashier Ladies Apparel Baltimore, Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, or remaval, Andrew J. Preller Mary Ann Gaff 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give wor or dates af service 4-20-2494 Miss Anna B. Preller (Same) No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH Cirrhosis of the liver. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave (b) rise to immediate couse (a), DUF TO stoting the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES X NO ficate Acute pulmonary edema. Page 4 may be retained by the haspital or 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur o.m factory, street, office blda., etc.) Nat While at wark at wark 21. I certify that (K (this hospital) attended the deceased fram June 14, 1967, ta July 6, 1967, that (K (we) last sow the deceased alive on July 6, 1967, and that death occurred at 1 AM, from couses and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** July 6, 1967 director, page 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Révialdo Orjuela-Gomez 7620 York Rd., Towson, 21204 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
Burlal 7/10/1967 Baltimore. New Cathedral Md. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR
H.W. Jenkins & Sons Co. 4905 York Rd. 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Ocharles Jugas

Balto.12. Md.

CONTRACTOR OF THE PROPERTY OF de la company de la la company de la company That aim to be a second Service of the community of the service of the serv AMIN . Tenner ... the sign time to the court of the court . No. deled A substitute of the control of the c the second to th The same of the sa

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	MARYLAND
	09272 CERTIFICATE OF DEATH	9271
1.	PLACE OF DEATH a. COUNTY  BAITIMORE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, 1f institution: R a. STATE b. COUNTY B.	esidence before admission
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL	
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE
1	OTRE DAME INFIRMARY - VILLA SuliA VALLEY ROAD,	ON A FARM? YES NO
3.	NAME OF First MIDDLE Last 4. DATE MONTH DECEASED CYPE OF PRINT PATRICE MCCARHY DEATH JULY	Day Year / 5 1967
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months 1	
10	WIDOWED DIVORCED FED. 15, 1910 57 yrs.	
dı	ring most of working life, even if retired) INDUSTRY	ITIZEN OF WHAT DUNTRY?
	EACHER SISTED RELIGIOUS PHILADELPHIA PA, (	1.5.A-
1.		
1	DANIE ME CARTY  WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address	
()	es, no, or unkown) (If yes give war or dates of service) 207-40 - 0584 SISTER MARY MARGARET - VI	VA JuliA
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONCINOMATOSIS	2 years
	Outdition of any other )	V
	Conditions, If any, which gave rise to immediate (b)	
Ĩ.	cause (a), stating the DUE TO underlying cause last.	
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER)	.)
MEDICAL (	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	unty) (State)
MED	Hour a.m.    While   Not While   latter, state, one blog, etc.,	
	21. I certify that (I) (this hospital) attended the deceased from april , 19 64, to fully 15, 196	Z, that (1) (we) la
	saw the deceased alive on 13 19 67, and that death occurred at 2 B M, from the causes and on t	he date stated above ATE SIGNED
	Horold + Burns M.D. ATTENDING THEOLOGY STAFF   July	16,1967
	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS SIGN HARFORD O. B.L.	ti md
23	a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY	unty) (State)
	REMOVAL (Specify) July 18 1967 ZICHESTER Md ZICHESTER  BURIAL DIRECTOR ADDRESS 1250. REC'D BY REGISTRAR 250. REGISTRAR	and .
0	ADDRESS 25a. REC'D BY REGISTRAR 25b.	ha Vacan
=	IIIA A	00



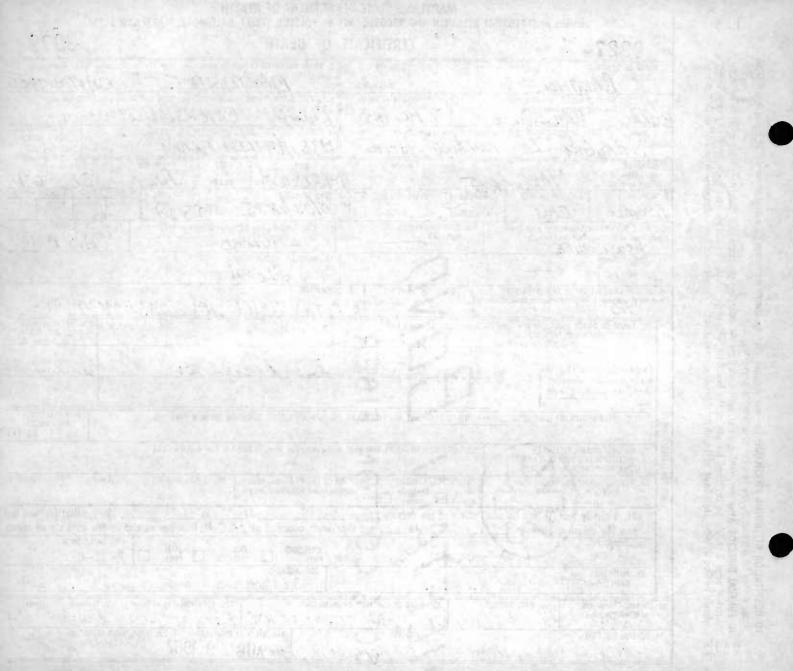
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09272 09273 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE o. COUNTY Baltimore b. COUNTY lled in by the fur appers. Pages I in 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

Catonsville c. LENGTH OF STAY IN 1h. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 6102 Frederick Rd. 6102 Frederick Rd. YES NO [ 3 NAME OF Lost 4. DATE Dov Year DECEASED McCurley Mina July 18 19 67 (Type or print) DEATH 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. NEVER MARRIED F birthdoy) lost Cauc. Jan. 29, 1886 WIDOWED DIVORCED ond 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife **INDUSTRY** COUNTRY? Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotian, or removal, Late - Otto C. Emrich Caroline Von Der Heide 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dotes of service) 16. SOCIAL SECURITY NO. Margaret Mary McCurley 6102 Frederick Rd. - 21228 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o)\_ DUF TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending the last 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) while at work Ot While Hour o.m. factory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram 5 - 21 -1959, to 7-18-, 1967, that (I) (We) just director, page 3 should should be filed with the 7-11- 1967, and that death accurred at 90-M, from causes and on the date stated above. saw the deceased alive an\_ 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR 7-20-6 M.D. PHYS ADDRESS 22c. PHYSICIAN'S NAME (Type) Wilmerk. Gallagher, Sr. 6209 Frederick Ave. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) New Cathedral Cem. 7/21/67 Baltimore, Md. D. - 4101 Edmondson Ave. 2So. REC'D BY REGISTRAR

TO THE PROPERTY OF AN INCIDENCE OF THE PROPERTY OF THE PROPERT And Marianes F 2014 ali di releviet id. Mission Company of the Company ATTENDED TO A STEEL OF THE STEE 18 06501 173 000 . D. J. S. J. L. S. WEEKSHIPON ! Los - Cito u. - Sendo Caroline You not builded Calmina The Jen To . www.doinebenc.(02) TALLY CONTROL COL. CARRIED ON PARTY OF THE P . of hadden DET - . J . Colors

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201

CERTIFICATE OF DEATH 09273 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE MARYLAND anove carbon papers. Pages Translater any event, within 72 haurs after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town The law requires that the death certificate be executed within 24 haurs MONTHS completely filled in by d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle 4. DATE Month Lost Doy Year DECEASED 196 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In years NEVER MARRIED remove lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY ENGLAND the attending physician sit permit. Then please HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL'SECURITY NO. 17. INFORMANT Address (Yes, no, or upknown) (If yes give wor or dotes of service cremation, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
 PART I. DEATH WAS CAUSED BY: INTÉRVAL BETWEEN signed by the burial-transit p ONSET AND, DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO burial, Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse as the priar to TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES 10 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER te Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While 19 ot work at work to 1/31 21. I certify that (1) (this haspital) attended the deceased fram / 12/14 1966 196/, that (I) (we) last 19 6/, and that death accurred at 10 M, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 7-31-67 DIRECTOR directar, page 3 shauld be filed v M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Cliff Ratliff, Jr., M.D. 4605 Edmondson Avenue, Balto, Md., 21229 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION. (Stote) FUNERAL DIRECTOR 2Sb. VR A15 (4) 20 M 1/66 MONDSONALL DATE ALLG



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by after	17		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	and give nearest town)
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4 e e	90		toxle of warm Ham lan melle and	ON A FARM?
	1	3.	NAME OF First Middle Last 4. DAYE Month DF PF	Day Year
comple cart event.			(Type or print) James MeDermitt DEATH	8 1967
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icate phys			FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
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th chit.		(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address 5, no, or unknown) (If yes give war or dates of service)	
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that the dear sician. gned by the ar al-transit perrial, cremation.			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Contenios Claratic Heart Deslace	The Way
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ulres the physical signature of the physical burial burial			Conditions, if any, which gave rise to immediate (b)	
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SICIAN: hospital certific ched for		ERTI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18. DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	)
S P P P			20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (Cou	unty) (State)
		MEDICAL	Hour a.m.  p.m.  19   While   Not While   factory, street, office bldg., etc.)   at work   at work	
DOVE		2	21. I certify that (I) (this hospital) attended the deceased from 745, to July 8, 1967	Z that (I) (we) last
OR ATTENDIA be retained DIRECTOR: Af			saw the deceased alive on & July 19 67, and that death occurred at o in the dauses and on the	he date stated above.
OR A DIRECT See 3			ATTENDING MED. STAFF D.	Le 8 1917
FITAL 4 may ERAL D			22c. PHYSICIAN'S	11/2/205
O HOSPITAL Page 4 may O FUNERAL director, pa			NAME (Type) Paul HRoyse 1403 Foley La Pikesvill	e Ma LIBOT
TO HOSPITAL OR ATTEN Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should he filed with the		23a	DEMOVAL (Specify)	
		24.	Burial 7/12/1967 St. Ignatius Cemetery Orrtanna, Adam	S SIGNATURE
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	MARTLAND STATE DEPARTMENT OF HEALTH  OB Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  MEDICAL EVAMINED'S CERTIFICATE OF DEATH
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
(12)	a. COUNTY  Baltimore  Maryland  Maryland  Baltimore  Maryland  Baltimore
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cessa fune 5 may Department after dea	Sparrows Point   1 Day   Baltimore 21206   12.1
Dep Jee	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Pag Pag urs	North Point Yacht Club 5703 Whitby Road YES NO X
and 3.	3. NAME OF First Middle Last 4. DATE Month Day Year OF
こうか ガラー	(Type or print) John Gregory Megee DEATH July 1967
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Pag th f	
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thours a ltem 18. ffice alor ile pages and in an	James G. Megee Carol L. Kapp
24 houn ltem Office File p	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY ND.   17. INFORMANT   Address (Yes, no, or unknown)   (If yes give war or dates of service)
hin cil i	no none Mr & Mrs James G. Megee 5703 Whitby RI
within 2 pencil in miner's C permit.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
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ficate shou the word o the Chief used as a to burlal,	PERFORMED? YES NO X
INER: This certificate should be executed within 22 infrate, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's 0 ge 3 should be used as a burlal-transit permit. Fed agent, prior to burlal, cremation, or removal, and the statement of the contraction of the contrac	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO X  20a. EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
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ete, wr forward forward 3 shou agent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While Not While at work at w
EXAMINER: certificate could be for les. R: Page 3 ignated ag	
EXAMI e cert hould iles. OR: Pa signati	21. I certify that took charge of the remains described above held an Autopsy , Inspection , Inquiry , and in my opinion
Short file	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
cute are certificated as a positive and a positive	ACTUAL ACTUAL ACTUAL SYMMETER 22. DATE SIGNED
S o S o S o	DEPUTY MEDICAL EXAMINER (1)
	EXAMINER'S M-19 DAVIS - MD - C Bloggeres Singer Lord for July 100 - Duton 157
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 2 5 5	Burial 7/6/67 Holy Redeemer Cem. Baltimore Maryland  24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR ALSME (5)	Henry Sander & Sons inc. Balto. MD. DATE JUL 6 1987 Milarles Judge
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8728Liberty Rd Randallstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09279 Ellype or Print CERTIFICATE OF DEATH death 2. DATE AND HOUR OF DEATH PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) hours after Baltimore County A. STATE B. COUNTY MARYLAN FULL NAME OF (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN outside city limits, write RURAL and give township) 5 RLEM LANE, BALTO + 28 (If rural, give location) letely +5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years WIDOWED, DIVORCED (specify) If Under 1 Yr. If Under 24 Hrs. executed camppi lost birthday) Months Doys Hours 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) HOU(EU)ドス 12. CITIZEN OF WHAT COUNTRY? HOUSEU physician on please JU.S.A. OR ATTENDING PHYSICIAN: The law requires that the death certificate 113. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Agejus Vakselis Stefanie the attending parties the 15. Was Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) permit. SECURITY NO. CHART 214-30-6006 18. signed by the burial-transit RIN TUMOR INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY physician. LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl foilure, osthenio, etc. Il means the disease. injury at camplication which caused death.) O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending ANTECEDENT CAUSES SD DISEASES OR CONDITIONS, if any, giving UPINDRY detached far use rise to the abave cause (A) stating the this certificate UNDERLYING CONDITION IOSI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. **DIRECTOR:** After 22. I certify that (1) (this hospital) attended the deceased from NOU should be that (I) (we) last sow the deceased alive on... 19.6. Z......ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 3 director, page M.D. Attending / Med. Director FUNERAL 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 0 REMOVAL (Specify) VR A15 (4) Chemation 7-7-67 Loudon Park Cemetery Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 4107 Wilkens Ave. 21229

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 09279 CERTIFICATE OF DEATH 09280 death. funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and a. COUNTY o STATE b. COUNTY requires that the death certificate be executed within 24 haurs after Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) Catonsville Catonsville 2 yrs. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 104 Woodlawn Ave. 16/Fristing/Ave. YES NO S 16 Fusting Ave. NAME OF Middle 4 DATE Lost Day Year 3 carbar DECEASED (Type/or print) DEATH July 1961 SARA CONWAY MILLER Female IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 1 an 7. MARRIED 8 DATE OF BIRTH 9. AGE (In veors **NEVER MARRIED** lost birthdoy) Months Dovs and in any DIVORCED March 24, 1891 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY attending physician permit. Then please Anne Arundel, Md. Housewife 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal, LIZZIE GRAY ADAMS CHARLES COOK CONWAY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give wor or dotes of service) 215-10-3311 Alice Kanley 104 Woodlawn Ave. Balto. 21228 NO crematian, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).)
PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying couse the PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ed for use of Health NO YES TO FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (Stote) 20c, TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Nat While at wark 21. I certify that (1) (this hospital) ottended the deceased from May 24 saw the deceased alive an Share 2-3 19 6 7, and that death accurred at 1 P M. Fram causes and on the date stated above 22o. SIGNATURI M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S on avo Catomalle NAME (Type) erhee FORT 23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (State) (County) REMOVAL (Specify)
Burial Baltimore Md. 7/6/67 Greenmount 24. FUNERAL DIRECTOR 250. REC'D, BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Wm. Cook-Brooks, Inc. 1217 St. Paul St. DATE

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09280 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore O. STATE b. COUNTY MARYLAND Md. CITY OR TOWN (proviside corporate fimily, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) valus Baltimore NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4913 Denmore Ave. YES NO Stole NAME OF Middle DATE Lost Month Year DECEASED (Type or print) DEATH Theresa Anne Minke July 9th. 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS. 19 yrs. Months Hours June 29, 1948 WIDOWED | Female DIVORCED T Cau. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Balto. City Baltimore, Md. Clerk-typist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Minko Mary Ann Gregory 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No No John Minko, 4913 Denmore Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ROW NING IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. SCHIBE HOW INJURY OCCURRED. (Effer nature of injury in Part I or Part II, of item 18.) 20d. NJURY OCCURRED 20e. BLAGE OF INJURY (Home, form, Month, Day, Year 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection ond in my opinion deoth resulted from: Notural couses , Accident ... Suicide , Homicide , Undetermined monner DIREC ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER Melvin B. Davis. M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S SPUTY MEDICAL ENAMINER NAME (Type) 6800 Mornington Rd. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Cathedral Cemetery

**ADDRESS** 

4611 Park Heights Ave. Balto.

Baltimore, Md.

240. REGIDIAY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

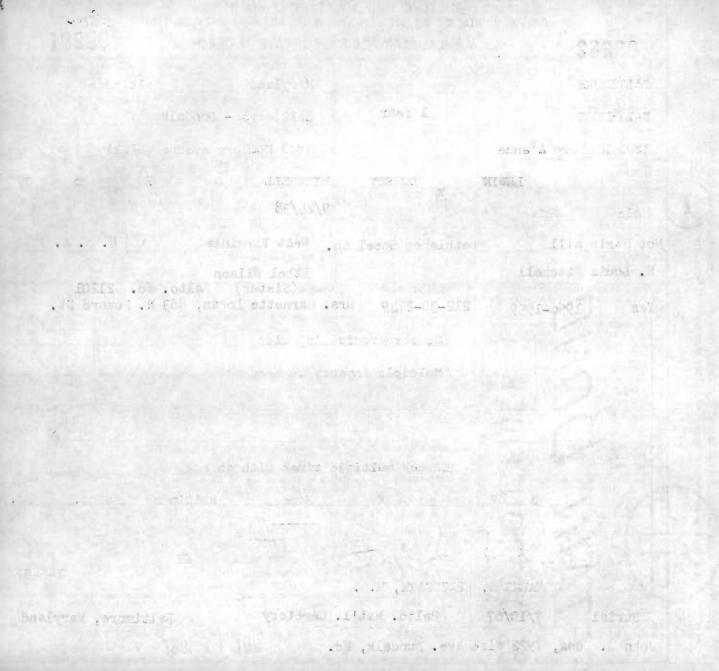
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Burial

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09281 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) BALTIMORE o. STATE Maryland b. COUNTY MARYLAND Baltimore b. CITY DR TDWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 1 Year Baltimore - Dundalk BALTIMORE d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm 1803 Homberg AVenue YES NO X 1803 Homberg Avenue 24 haurs after death. I in Item 18. Give Pages 21221 NAME OF Middle 4. DATE Day Year DECEASED (Type or print) MI WCH DORSEY MITCHELL DEATH 19 67 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIFD NEVER MARRIED eeath. last birthday) Months Days Haurs 9/24/38 WIDOWED DIVDRCED Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired)
Hot Strip Mill INDUSTRY U. S. A. in any event within 72 haurs after West Virginia Bethlehem Steel Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within H. Louis Mitchell Ethel Wilson 17. INFORMANT(Sister) Balto. Mds 21201 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service) 212-36-2749 Mrs. Garnette Logan, 863 N. Howard St. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebrocranial injuries IMMEDIATE CAUSE (o). DUE TO Canditions, if any, which gave Multiple impacts to head rise to immediate cause (a), DUF TO stoting the underlying couse 0 pup OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS'
PERFORMED? remaval, YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld crematian, ar CAUSE OF DEATH Struck multiple times with an axe 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (Caunty) (State) 20c. TIME OF INJURY Manth, Doy, Year factory, street, affice blda., etc.) FUNERAL DIRECTOR: Page while at wark Nat While at wark 1967 Baltimore Balto. Md. please execute Home 21. I certify that I taak charge of the remains described above, held an Autapsy X Inspection Inquiry I, and in my apinian Suicide Hamicide X death resulted\_fram: Natural couses ( Accident Undetermined manner funeral directar. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER XX SIGNATURE DEPUTY MEDICAL EXAMINER 7-6-67 **EXAMINER'S** TO FUN Health P CHARLES S. SPRINGATE, M.D. Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (YITE PAYENTS 7/10/67 Balto. Nat'l. Cemetery Baltimore, Maryland
25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) DATE JUL 1 1 1967 John J. Duda, 7922 Wise Ave. Dundalk, Md. Williamley & 6M 1/67



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) . COUNTY e. STATE b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) write RURAL end give neerest town) Baltimore within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO T papers. n 72 ho Stella Maris Hospice completely DECEASED (Type or print) within Dorothy Katherine Moeller DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. physician and last birthdey) Months WIDOWED X DIVORCED 16/1890 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) home Baltimore. Md IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Peter Unkelbach Dora Ulrich Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) has been signed by the 220-46-0763 Hospice records permit. attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO Conditions, if env. which gave rise to immediate cause DUE TO (e), steling the underlying hospital or certificate ha (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 9 PERFORMED? use prior NOV 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hout e.m. Not While ō at work | et work | DIRECTOR: saw the deceased alive on...7/37 220. SIGNATURE SIGNED death. Page 4
O FUNERAL
director, page 3
be filed with th PHYS. DIRECTOR PHYS. 1/67 M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Robert Mahon, M.D. 204 E. Joppa Rd. Towson 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0:5 2 Holy Redeemer Baltimore Marvland Burial 24 FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck Inc. 5305 Harford Rd. 21214 20M 5-63

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09289 09284 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Ped .⊆ INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 filled 56 YES NO arban NAME OF DATE First etely Doy Year DECEASED DEATH 19 67 S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED DATE OF BARTH IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Manths Hours 10-18-01 WIDOWED DIVORCED and in day 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) lease COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar remaval, en WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse Page 4 may be retained by the hospital ar attending lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has NO certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 10 FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) Not While While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram 1420 , 19.67, that (I) (we) last 19 67 . ta. 1962, and that death accurred at 16 PM, fram causes and on the date stoted obove saw the deceased alive on\_ 22o. SIGNATURE DATE SIGNED **ATTENDING** director, page 3 should be filed v M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 236 NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION. 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) 25M 1/67

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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completely filled ove carbon pope y everit, within 7		NAME OF DECEASED (Type or print) Margaret	- VMN W	Carrison 4. DATE OF DEATH July	onth Doy Year 7 1967
executed and compl remove or remove or	5.	6 A	MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH  Sept 25, 1893  AGE (In years age)  1893  Yes	Months Days Haurs Min.
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ifica ysic of, c	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
cert g pl		Robert Sx		Steele, Janet	
death tendin mit. i	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of ser	rvice) 16. SOCIAL SECURITY NO. 17. I		(Same)
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UG PHYS the has r this ce detache	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	(County) (State)
TENDIN ined by R: Afte suld be the Ste		21. I certify that (I) (this hospital saw the deceased alive an St		une 27 , 1967, ta JULY t death accurred at 2:25 M, fram couse	6, 1967, that (I) (we) last and on the date stated abave.
N OR AT y be retail DIRECTC age 3 shadilled with		220. SIGNATURE TORE U	de les M.C		22b. DATE SIGNED 7/6/67.
FRAL C ERAL C ar, pag d be fill		22c. PHYSICIAN'S NAME (Type) JOSE M. D	£ TEON	22d. ADDRESS Greater Balto.	Med. Center
TO HOSPITAI Page 4 may TO FUNERAL director, pa should be fi	0	BURIAL CREMATION, 23b. DATE THEREO REMOVAL (Specify) 7/8/6	67. Greenmount	(rematory Baltimo	ore, Md.
VR A15 (4) 25M 1/67	1	FUNERAL DIRECTOR POPULAR ST. Ruck. St.	rc. Balto. Md. 2		REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH 09285 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09286 The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) FORT HOWARD 37 DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1640 N. FULTON AVENUE VETERANS ADMINISTRATION HOSPITAL NO pan NAME OF Middle 4. DATE First Manth Doy Year DECEASED LAWRENCE E. NAPPER DEATH JULY 67 (Type or print) 19 S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** birthdoy) Months Doys Hours 2/6/23 MALE NEGRO WIDOWED DIVORCED pup 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

CAB DRIVER COUNTRY? TAXICAB COMPANY ALEXANDRIA, VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval. RICHARD NAPPER ANNA MN: CHASE 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) 28 21 25 PT. 28 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO burial, Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause last 19. WAS AUTOPSY PERFORMED? YES X NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING [ be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) (County) Hour 'a m. factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (\* (this hospital) attended the deceosed from 6/10/67 7/17/67 , 19 , that \$1) (we) las and that death accurred at 10:15 PM from causes and on the date stated above saw the deceased alive an 17/67 22b. DATE SIGNED 67 22o. SIGNATURE ATTENDING DIRECTOR M.D. PHYS. 22d, ADDRESS 22c. PHYSICIAN'S Page 4 may VAH FORT HOWARD, MARYIAND NAME (Type) directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) REMOVAL (Specify) SNOWDEN CEMETERY ALEXANDRIA. VIRGINIA 2So. REC'D By VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

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	DIVISION	4 OF STATISTICA	L KESEAKCH	AND RECORT	JS, JUI W. PRESIG	id Dilleri, Der	TIMORE 1, MA	RYLAND
	00000			CERTIFICA	TE OF DEATI	1		3284
1.	PLACE OF DEAT	H			2. USUAL RESIDENC	E (Where deceased live	d, If institution: Reside	nce before edmission
	. COUNTY				. STATE M	ь. С	COUNTY	
-	P CITY OF TOWN	(if outside corporete limite	s le leN	MARYLAND GTH OF STAY IN 16	CITY OF TOWN III	outside corporate limits,		IMCRE
	Allio MAULIE GI	o give nearest lowith	the sales have been	3	-	NA	, WINE KOKAL ENG GIVE	nouron town,
-	1/5	WA PA Balto		SYACCO		ROH! INID"	1	I e. IS RESIDENCE
	A	PITAL OR INSTITUTION (II	4.1		d. STREET ADDRESS		War Ra	ON A FARM?
3	HRMACO		Me Ho	ME		LANEY VA	CHEY NA	V LIES THO TO
3.	NAME OF DECEASED	First		Middle	Lest	OF	Month De	y Year
	(Type or print)	GECREE			CHTINGALE		MULY 4	1967
5.	SEX	6. COLOR OR RACE	7. MARRIED MINE	VER MARRIED	B. DATE OF BIRTH	9. AGE (In	years   IF UNDER 1 YEAR day)   Months   Days	Hours Min.
82	MIVIE	WHITE	WIDOWED [	DIVORCED [	May 31, 1891		/rs.	Tiours Min.
		TION (Give kind of work		SUSINESS OR INDUST	RY 11. BIRTHPLACE (Count	y & State, or foreign cou	antry)   12. CITIZEN	OF WHAT COUNTRY
	SALES	MANAGER	GOOW "	FLOORING	PHILADE	LPHIA. P	A.	1,5,A.
13	FATHER'S NAME				14. MOTHER'S MAIDEN			
	GEORGE	E NIGHTI	NEALE		SARAH .	DoTTS		
		VER IN U.S. ARMED FOR		SECURITY NO. 17.	INFORMANT	Ac	ddress	
(Y	(es, no or unkown)	(If yes give wer or detes of se	TLO -	07-6751=	MA L. NIGHT	INCALE.	SAME AS A	19 AUG
-		DEATH [Enter only one	cause per line for (e			IMONEC!	110	NTERVAL BETWEEN
		TH WAS CAUSED BY:			A		- C	INSET AND DEATH
	12.35	IMMEDIATE CAUSE (e)_	Ca	rdone	erred			Sudden
	722	DUE TO	13 _4_			4	4	Several
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	(e), stating the	DITETO	carel	ul va	suchan a	CREKE	with	e,
	ceuse lest.	) (c)_	Refer	Kemijo	heir			T mond
NO	PART II. OTH	ER SIGNIFICANT CONDIT	IONS CONTRIBUTII	NG TO DEATH BUT N	OT REVATED TO THE TERMIN	AL DISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
7 5	0 - 100							YES - NO
CERTIFIC	20a. ACCIDENT	WAS UNDERLYING CAUSE OF DEATH	20b. DESCRIBE H	OW INJURY OCCURE	D. (Enter neture of injury in P	art I or Pert II of item 18	.)	
Ü	(IF EITHER, NOTIF	Y MEDICAL EXAMINER)						
3	20c. TIME OF IN.	JURY Month, Dey, Yee	r   20d. INJURY		ACE OF INJURY (Home, ferm		(County)	(Stete)
MEDICAL	Hour e.m.			While 100	ctory, street, office bldg., etc.			
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			and the second	19.4, and that	death occurred at	.M, from the cau	ses and on me d	22b. DATE
		A .	· ·		2.000	ED. STAFF	D 0. 1.	SIGNI
	220. SIGNATURE	1 A pe			M.D. PHYS.	RECTOR PHYS.	- yearing	4. 1767
	6	5. J. L	Www.					
	22c. PHYSICIAN' NAME (Typ		1 .	. 100	22d. ADDRESS	color Ps	Balling	no had
/	22c. PHYSICIAN' NAME (Typ	00) 05.5	Lic	M.D.	22d. ADDRESS 530/ /4.	arford Rd	Bullino	re Ma.
7 2:	22c. PHYSICIAN' NAME (Typ	(TION, 23b. DATE THER		M. D.	22d. ADDRESS 33c/ /4.  OR CREMATORY	arford RA 23d. LOCATION (CI		(Stote)
2:	22c. PHYSICIAN' NAME (Typ	(TION, 23b. DATE THER		M. D.	22d. ADDRESS  S30/ /+.  OR CREMATORY  KINS HOSPITA	BALT	IIMORE,	MD.
Q -	22c. PHYSICIAN' NAME (Typ  3a. BURIAL, CREMA REMOVAL (Specif	(TION, 23b. DATE THER	7 70	M. D.	22d. ADDRESS  S30/ /+.  OR CREMATORY  KINS HOSPITA		IIMORE,	MD.
2 -	22c. PHYSICIAN' NAME (Typ  30. BURIAL, CREMA REMOVAL (Specif	(TION, 23b. DATE THER	7 70	MAME OF CEMETERY HUS HOP	22d. ADDRESS  S30/ /+.  OR CREMATORY  KINS HOSPITA	BALT	IIMORE,	MD.

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE more MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 24 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled in orE completely filled in ove carbon papers. e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Nursing Home executed within NAME OF DECEASED Last DATE Month Day Year First Middle OF DEATH (Type or print) 029 19 nnola 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR last birthday) | Months | Days FUNOER 24 HRS any eve 5. SEX DATE OF BIRTH 9. 7. MARRIEO NEVER MARRIED Hours 80 WIDOWED X DIVORCED . nding physician a Then please re removal, and in 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) U.S.A that the death certificate be during most of working life, even if retired) New York Printer

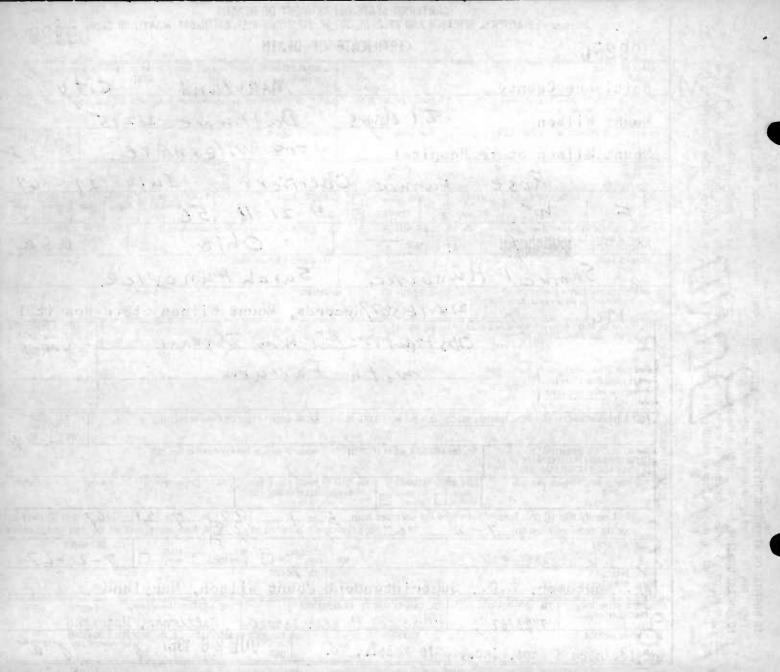
13. FATHER'S NAME Retired MOTHER'S MAIDEN NAME has been signed by the attending plas the burial-transit permit. Then prior to burial, cremation, or remova Jacob Nunnold Josephine Messner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) Thelma B. Arold, 1560 Lister Rd. 21227 Mrs. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND OEATH PART I. DEATH WAS CAUSED BY: 48-64 the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO PHYSICIAN: The law requires Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. this certificate has (c) WAS AUTOPSY PERFORMEO? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of H MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. While Not While of FUNERAL DIRECTOR: After director, page 3 should be caped should be filed with the State be retained by OR ATTENDING p.m. 19 at work at work 196 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 7:45 PM, from the causes and on the date stated above. saw the deceased alive or DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. STAFF Page 4 may I M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 450 (State) LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify) New Cathedral Cemetery Burial /27/67 Baltimore 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229 VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212019289 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. and filled in by the funeral papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a\_ COUNTY o. STATE Baltimore County MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If auside carparate limits, write RURAL and give neorest town) write RURAL and give nearest town) Wilson Mount d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Mount Wilson State Hospital YES | NO NAME OF carbain Middle 4. DATE Month Dov Year DECEASED Ju (Type or print DEATH S. SEX IF UNDER 1 YEAR JE UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years in any eve 7. MARRIED NEVER MARRIED birthday) Months Dovs Hours WIDOWED X DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even it street INDUSTRY COUNTRY? attending physician sermit. Then please AT HOME HÖÜSEWIFF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no. or unknown) (If yes give war or dates of service) 0 Records. Mount Wilson State Hospital crematian, CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUF TO Conditions, if ony, which gave rise to immediate cause (a). DUF TO stating the underlying cause as the by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES [ NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o.m. Not While foctory, street, office bldg., etc.) at wark 21. I certify that (I) (this hospital) attended the deceased from 1967, that (1) (we) last be retained 19 6 7, and that death occurred of 10 15 M, from causes and on the date stated above 9-51 saw the deceased alive on\_ 22n, SIGNATURE 22b. DATE SIGNED Nome M.D. DIRECTOR PHYS. PHYS. directar, page shauld be filed TO HOSPITAL Page 4 may b 22d ADDRESS 22c. PHYSICIAN'S Wm NAM New comer, M.D., Superintendent Mount Wilson. Maryland 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) (County) REMOVAL (Specify) Baltimore. Maryland 7/23/67 Mikro Kodesh Beth Israel Burial REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D VR A15 (4) 20 M 1/66 Sol Levinson & Bros. Inc., 6010 Reist., Rd.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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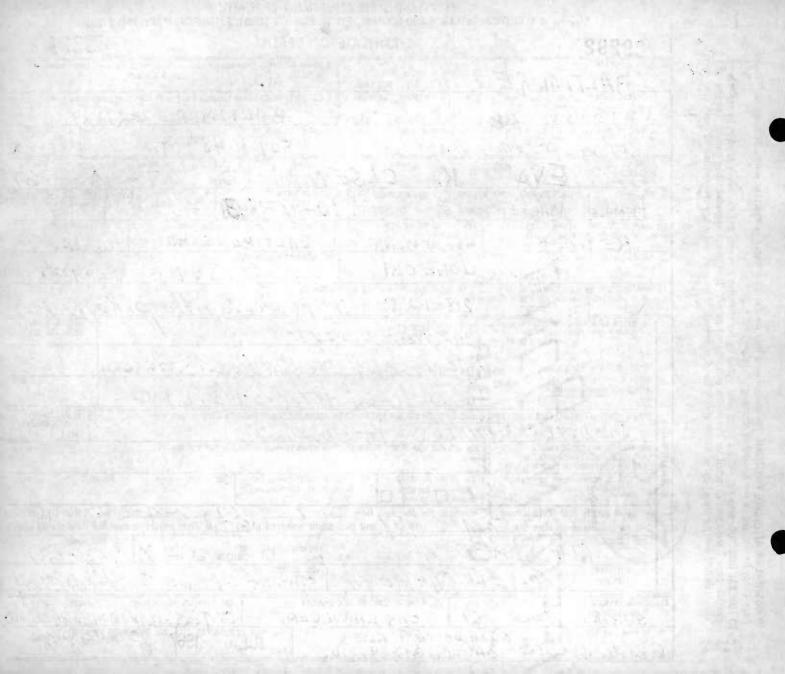
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CERTIFICATE OF DEATH

		PLACE OF DEATH D. COUNTY			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY						
		Baltimore MARYLAND b. CITY OR TOWN (If outside corporote limits, c. LENGTH OF STAY IN 1b					DA ~ 10.				
	b	b. CITY OR TOWN (I write RURAL and	t outside corporate limits I give nearest tawn)	c. LENGTH OF STAY	,	f outside carporote limit	s, write RURAL on	nd give neorest to	own)		
10			altimore		B	altimore		03.1			
	d	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	it in haspital, g	ive street address)		d. STREET ADDRESS				S RESIDENCE ON A FARM?
00			elchli Ave.	7	125 Wae	lchli Ave.	21227	YES			
		NAME OF DECEASED	Fir	rst	Middle		Last	4. DATE OF	Month	Doy	Year
		Type ar print)	Wi	lliam	E.		0'Lough1	in DEATH	July	8	1967
	5. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 8	. DATE OF BIRTH	9. AGE (			UNDER 24 HRS.
	1	Male	White	WIDOWED	DIVORCE	D 🔲	8/9/87	79	yrs.	IIIIs Days	lours Min.
-			(Give kind af wark done		ND OF BUSINESS OR		11. BIRTHPLACE (Cou	nty & State, ar fareign cou	intry)	12. CITIZEN OF W	'HAT
	durir	ng mast af warking Ref	ite, even if refired)	IN	DUSTRY		Marylan	d		COUNTRY?	USA
	13.	FATHER'S NAME	LILCU				14. MOTHER'S MAID				UDA
	Pe	eter F. (	Loughlin				An	nie E. Gis	e11		
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates o	16. 5	SOCIAL SECURITY NO.	17. I	NFORMANT		Address		
	(Tes	s, na, or unknown)	(It yes give wor or dates o	2	12-10-6391	Mrs	. Edith E	. 0'Lough1	in, 125	Waelch1	i Ave.
	T	18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c)?)									
73		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) Con yes the Toulene  ONSET AND DEATH									
		DUE TO A P A A									
		(conditions, if ony, which gove) (b) (1) Lerin & Vante (and in Vancusta)									
		rise ta immediat	e cause (a), (	(-)	- 000	as ou	- Cor	(M)  -	Ococa		10
	1	stoting the under	Tring couse	(c)					Chola	24.	
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?									
3	100									YES	NO T
	CERTIFICATION	20a. ACCIDENT WAS	UNDERLYING	20b. DE:	SCRIBE HOW INJURY O	CCURRED.	Enter noture of injury	in Port I or Port II of it	tem 18.)		
	ERI		CAUSE OF DEATH MEDICAL EXAMINER)						,		
	3	,	IRY Manth, Doy, Year	2Dd 1N	JURY OCCURRED	2De PLA	E OF INJURY (Hame,	form, 2Df. (City	or town)	(County)	(Stote)
-	MEDICAL	Hour o.n	1.	While	Not While		ory, street, affice bldg.,		o, 104411,	(coomy)	(3,010)
		p.m. 17   at work — at work —									
		21. I certify that (I) (this haspital) attended the deceased from, 1960, to, 1960, that (I) (we) las sow the deceased olive an, 1960, and that deoth occurred ot, M, from causes ond on the date stated above									
			eceased olive an	11	5 1962,	ana thai	deoin occurred	orm, from			stated above
99		220. SIGNATURE ATTENDING AMED. STAFF 22b. DATE SIGNED									
		22c. PHYSICIAN'S	11/100	e el	my.	M.D	PHYS. 22d. ADDRESS	DIRECTOR L P	PHYS.	1101	6)
1		NAME (Type)	James N.	Frede	rick			rancis Ave	•	CI2-	5200
	23a.	BURIAL, CREMATIC		REOF	23c. NAME OF CEM	ETERY OR	REMATORY	23d. LOCATION	(City or Town)	(Caunty)	(Stote)
		REMOVAL (Specify Burial	7/12	/67	Cedar H	1111	Cemetery	Baltim	ore		Md.
R	24.	. FUNERAL DIRECTO			ADDRESS			EC'D BY REGISTRAR	2Sb. REGISTR	AR'S SIGNATURE	
3.		Howard H	. Hubbard,	4107 W	ilkens Ave	e. 2	1229 DATE	10F T T 18	p/ /c	carles &	udges

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu directar, page 3 shauld be defached far use as the burial-transit permit. Then please remaye coupen papers. Pages I shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

TOP SHOULD STATE OF THE STATE O 5 3 - 12 - CO 1886 O. C. C. Samo and a company Demond H. Herters, 1907 Decision Ave. 22020 MARYLAND STATE DEPARTMENT OF HEALTH



		DIVISION OF VITAL RE	CORDS, 301 W. PRESTO	N STREET, BALTIMORI	E, MARYLAND 21201	
TATE		09293 MEDI	CAL EXAMINER'S	CERTIFICATE OF	DEATH	09292
Γ.		PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	o. STATE Marylan		Baltimore
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Middle River (20)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsice Essex (	de corporote limits, write RURAL	ond give nearest town)
0		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	ve street oddress)	d. STREET ADDRESS	I.I	e. IS RESIDENCE ON A FARM? YES NO
	3.	Martin's Lagoon  NAME OF PAUL C	MREGOIK, JR.		. DATE Month	Day Year
	5.	DECEASED (Type or print)  SEX 6. COLOR OR RACE 7. MARRIED [	OMRE NEVER MARRIED	GCIK B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	UNDER 1 YEAR IF UNDER 24 HRS
	100	Male White WIDOWED [ . USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) IND	D OF BUSINESS OR USTRY	Feb 25, 1952 11. BIRTHPLACE (Stote or	15 yrs. foreign country)	12. CITIZEN OF WHAT
	13.	Student  FATHER'S NAME		Baltimore, 14. MOTHER'S MAIDEN NAM		USA USA
		Paul Omregcik. Sr.		Rebecca N	lichols	
	15 (Y	s, no, or unknown) (If yes give wor or dates of service)		NFORMANT	Address	
		IB. CAUSE OF DEATH (Enter only one couse per line to		ecca Omregcik	Same	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	J Noun	w		ONSET AND DEATH
		Conditions, if ony, which gove )  (b)		()		
	2	rise to immediate couse (a), stating the underlying couse				
		last. (c)				
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO				19. WAS AUTOPSY PERFORMED? YES NO
	ERTIFIC				lagoon, yell	
		20c TIME OF INJURY Month Dov. Year 20d. INJ		beneath sur: CE OF INJURY (Home, form,	face of water  20f. (City or town)	(County) (State)
	MEDICAL	3.30 p.m. 7728 1967 While of work		ory, street office bldg., etc.)  Martin	Lagoon Ess	ex Balto Md.
1		21. I certify that I took charge of the rem			Inspection , Inquiry	and in my opini
		death resulted from: Natural causes	, Accident , Suic		, Undetermined man	ner 🔲
I		ACTUAL Theo C Palls	( MAT	CHIEF MEDICAL EX		22. DATE SIGNE
		EXAMINER'S NAME (Type) Theo. C. Patterson,	M. D. 105 M	DEPUTY MEDICAL I	1	7/34/
	23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	
P	1	BEMOVAL (Specify) 8/1/67	Sacred Heart	250. REC'D B	Baltimore Co.	
-	EX	ugdzinski Funeral Hope 14	7 Eastern Ave	DATUL	3 1 1967 gcc	tran's signature

Item 20 Film 391 8-4-67 amaryland state department of Health

erould Let \*1 - 52 - 26 - 1 Control of the second 1000 1 10 2 Pate 25, 1952 15 male water 31143117 where Merals Faul Oursealt, St. was - John Rebroom Orregolic - Same Theo. C. Fattermon, M. D. 105 win St. Dundalk, Jd. 21222 Hartel Filipp Served Heart of Jesus Enlisters Co., Fa. AND AREA THE THE STATE OF THE PROPERTY AND A SECRET AND ASSOCIATION OF THE PROPERTY OF THE PRO

1		MAR DIVISION OF STATISTICAL RESE	ARCH AND RECORDS			IARYLAND
- 3 va		09294	CERTIFICATI	E OF DEATH		09293
the funeral and after death	1.	PLACE DF DEATH a. COUNTY  Baltimore b. CITY OR TOWN (if outside corporate limits	MARYLAND	a. STATE Md.	ere deceased lived, If institution: R b. COUNTY g corporate limits, write RURAL	Balto.
in by Pag hours	_	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Arbutus  d. NAME OF HOSPITAL OR INSTITUTION (if not in h	1 Year	Arbutus d. STREET ADDRESS		03-/
the nospital of attending physician.  This certificate has been signed by the attending physician and completely filled i detached for use as the burial-transit permit. Then please remove perform papers. E.e. Dept. of Health prior to burial, cremation, or removal, and in any event with 72 h		944 Elmridge Ave,	soophia, gree ou out address)	944 Elmride	e Ave.	ON A FARM? YES NO NO
a do la	3.	NAME DF First DECEASED (Type or print)  Louisa M. Pa	Middle		DEATH July 14,	Day Year 19 <b>67</b>
remove rain any event		Female 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED	3-9-1886	9. ACE (In years   IF UNDER   last birthday) 81 yrs.	1 YEAR   FUNDER 24 HRS Days Hours   Min.
please r	aur	House Wife	(IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Italy	U.	ITIZEN OF WHAT DUNTRY? S. A.
Then	13.	FATHER'S NAME  Felice De Nicola		14. MOTHER'S MAIDEN NA		
9	(Ye			Incent Panzone 2	Address 542 W. Lanvale S	Balto. Md.
as the burial-transit perm prior to burial, cremation,	Z	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b)  DUE TO  (c)	Termeno Anfare	el arter e myo	vorlevosis carlial	INTERVAL BETWEEN ONSET AND DEATH
or use Health	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB  20a. ACCIDENT WAS UNDERLYING [ ] 20b.			ECONDITION GIVEN IN PART 1(a) In Part I or Part II of Item 18	19. WAS AUTOPSY PERFORMED? YES NO
etached 1 Dept. of		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
State	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d.   Hour a.m.   While at wor	Not While factor	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town) (Cou	inty) (State)
with the		21. I certify that (I) (this hospital) attend saw the deceased alive on 224. SIGNATURE	led the deceased from, and that	death occurred at // 00	M, from the causes and on t	, that (I) (we) las he date stated above AJE SICNED
r, page 3 should be filed with the S		22c. PHYSICIAN'S NAME (Type)	Edey. M.D	ATTENOING MEO.	STAFF -	17/67 m 0
director, page should be file	23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		1. LOCATION (City, town or cou	unty) (State)
5 (4) R	24.		ADDRESS	25a. REC'D BY	REGISTRAR 25b. RECISTRAR 25b. RECISTRAR	S SIGNATURE
1/65	<u></u>	G. II might behad Jil Fie	derior was, Dar	O PART DATED L	100.1	4

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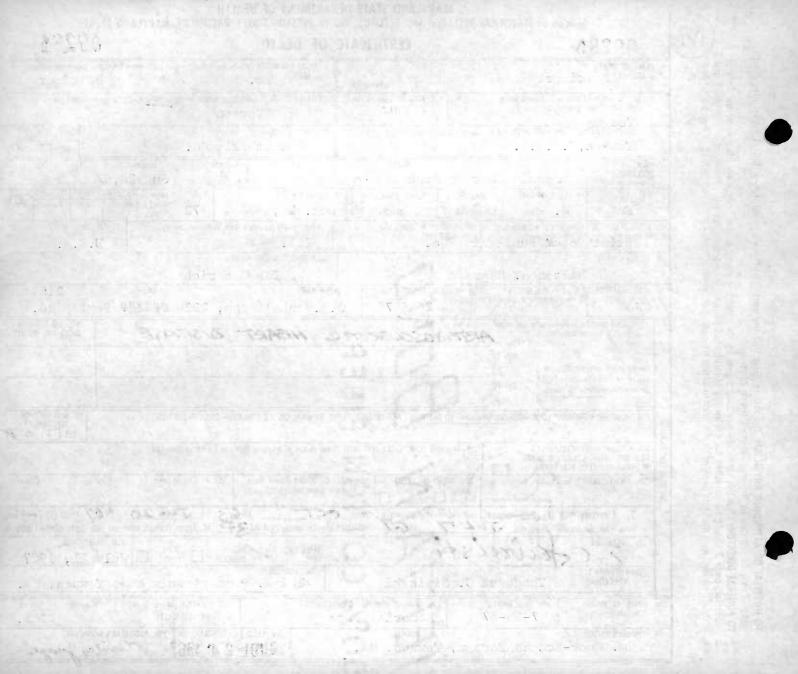
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Palitge Da Picola

. Mindest Tandess W. Lauyale St. . Lauyale St.

Bursel July 17, 1957 Maly Modorner Date. 1913 to Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09295 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. funeral 1 and 2 ter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Baltimore o. STATE b. COUNTY Md. Baltimore MARYLAND physician and campletely filled in by the en please remove carban papers. Pages b. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Page hin 72 havrs a 1 hour Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM Towson, Y.M.C.A. 909 Southerly Rd. NOT YES [ NAME OF 4. DATE Month Year DECEASED Jessie Sherman Penhallegon July20,67 (Type or print) DEATH 19 S. SEX 9. AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** birthday) Months Hours F W. Oct. 20,1893 WIDOWED # DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working like, even itserired Baptist Book Publishing Co. COUNTRY? I11. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending phy: Milton A. Sherman Ida Goodrich 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 21093 (Yes, no or unknown) (If yes give war ar dates af service) 349 26 6176 J.S.Penhallegon, 2220 ###推荐 Foxley Rd. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN S CAUSED BY:
IMMEDIATE CAUSE (O ARTERIOS CLEROTIC HEART DISEASE burial-transit ONSET AND DEATH DUE TO Canditions, if ony, which gave (b) rise to immediate cause (o). DUE TO stoting the underlying couse the haspital ar attending this certificate has been the prior to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO I 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (Stote) (County) Hour o.m factory, street, office bldg., etc.) at wark at wark 21. I certify that (I) (this hospitel) attended the deceased from OCT 1963, to JUL 20, 1967, that (1) (we) lost be retained shauld 1967, and that death occurred of 27 M, from causes and on the date stated obove. saw the deceased glive on JUL 7 O FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED twenspr ATTENDING STAFF PHYS. M.D. DIRECTOR July 21, 1967 PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Thaddeus C. Siwinski 206 W. Pennsylvania Ave, Towson, Md. director, shauld be 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 7-24-67 Memorial Park Evanston I111. 24. PHINERAL PURECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Wm. Cook-Brooks Towson, Towson, Md. DATEJUL 2 4 1967



09296

## CERTIFICATE OF DEATH

09295

ER MI		0363	V)		CLXIII	IICAIL	OI DEATH					
deort	1.	PLACE OF DEATH					2. USUAL RESIDENCE	(Where dece	ased lived, if institu	tian: Residence	befare admis	sian)
		o. COUNTY					o. STATE	7 7	b. cou			
hours after n by the fu s. Pages 1 hours after	$\vdash$		imere	*	C. LENGTH OF STAY	RYLAND	M	yland	. 1		imore	
the age		write RURAL an	(If outside corporate limited give nearest town)	its,	C. LENGTH OF STAY	IN ID	c. CITY OR TOWN (If o	outside corpa	rate limits, write KL	IKAL and give	nearest town)	
hours in by t rs. Pa		Tows					Towson			/	13.1	
ho ho	Г	d. NAME OF HOSPI	TAL OR INSTITUTION (If r	nat in hospitol,	give street oddress)		d. STREET ADDRESS		· ·		e. IS RE	SIDENCE FARM?
ed within 24 hours letely filled in by the corbon papers. Pagent, within 72 hours		St. Jo	seph's Hos	pital			534 Hampt	on La	ine		YES _	NOXX
重 基点	3.	NAME OF	F	irst	Middle		Lost	4. DATE	Mor	ıth	Doy	Year
orbon, with		(Type or print)	EDWARD	W.		PTN	EAU	OF DEAT	H July	1	19	57
	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UND	ER 24 HRS.
a 20 >	1	Male	Cau.	WIDOWED	DIVORC		uguat 5 10	220	lost birthday) 56 yrs.	Months	Doys Hour	s Min.
ond coremo	10	. USUAL OCCUPATIO	N (Give kind of work dane	e 10b. K	ND OF BUSINESS OR		ugust 5, 19	v & Stote, or f		12. CITI	ZEN OF WHAT	
	du	ing most of working		IN.	DUSTRY				,,	COU	NTRY?	
cote sicio		Sedf FATHER'S NAME		RC	efers, In	C.	New York				U.S.A	•
certificote b g physicion Then please movol, ond i	13	Leonar	d Pineau		-		Minnie		+ h			
5 5 E	1	HERON / L. WOOLA		5.	,	1.3		Keille				
he death ce ottending   permit. The ion, or remo	(Y	. WAS DECEASED EVI es, na. or waknown)	ER IN U.S. ARMED FORCES' (If yes give war ar dotes	of service) (6.	SOCIAL SECURITY NO.		INFORMANT		Addi			
dea trenc rrmit n, or	L.	Ne			1000	Mrs	. Lillian H	ineau	. Same	as # :	2	
that the death on. by the ottendin fronsit permit. cremotion, or re		18. CAUSE OF D	EATH (Enter anly one co	use per line for	(o), (b), ond (c).)	4	. / /				INTERVAL E	
that thoon. by the tronsit cremot		PART I. DEA	TH WAS CAUSED BY:  IMMEDIATE CAUSE	(0) /1	grearch	ial e	marchin				ONSET AND	dia be
thouse the state of the state o		120	7	E TO	V		0		1- 1		.11/	14-14
equires 1 physicio signed 1 burial-tr		Conditions, if ony		(b) Cert	euroeler	when.	hand duia	uc	Larline		112	Ges
sig bull bull		rise to immedia		E TO 1	,				U			
w r ding een the r to		lost.	erlying cause	(c) He	puter	acue	CoVi disi	are			1540	a.
tend tend s b as as		PART II. OTHER S	IGNIFICANT CONDITIONS		O DEATH BUT NOT RE	ELATED TO	THE TERMINAL DISEASE CO	NDITION GI	VEN IN PART 1(a)		19. WAS A	UTOPSY
The or otte e has use a solth pr	MEDICAL CERTIFICATION	ante	der Comis.	samo	testister is	194	andie is	1 - 1	Luciano		PERFOI YES	NO ID
	5	20o. ACCIDENT WA					(Enter noture of injury in			-	1.00	UE
PHYSICIAN e hospital c his certificat stoched far Dept. of Hec	ERT	OR CONTRIBUTING	CAUSE OF DEATH	200. 5	Squipe Horr Hook?	o cconnes.	(circo no ioro di injory in		., .,			
PHYSIC ne hospi this certi etoched Dept. o	N.		MEDICAL EXAMINER) URY Manth, Doy, Yeor	204 1	NJURY OCCURRED	T 20° DIA	CE OF INJURY (Home, for	m. 20f.	(City or town)	(Cou	ntyl	(Stote)
C + W .		Hour a.	m.	While	Not While		tory, street, office bldg., etc		(city of lowity	(000)	1117	(31016)
by the fiter be do	-	p.		1 01 4401			14. 31		1	3/		
ATTENDING stoined by It CTOR: After should be d ith the State			ify that (1) (this to					19.57		2, 196		
OR:			eceased alive on_	Hern	2 1961,	and tha	t death occurred a	1/K	M, fram causes			ed abave
		220. SIGNATURE	1 0	2/1	7 11		ATTENDING	MED.	STAFF -	22b. DA	TE SIGNED	
AL OR 1y be r L DIRE 10ge 3 filed w			tarry to	Klin	upleten	M.	D. PHYS.	MED. DIRECTOR	PHYS.			
IAL COY OF FILL OF FIL		22c. PHYSICIAN'S NAME (Type		INIE	to come	10	22d. ADDRESS	11/	BROAL	WAY	RACTA	2/2-
TO HOSPITAL Poge 4 may to FUNERAL Didirector, pogo			11000	- IVVE	ILVICI	× ·						
O HOSPII O FUNER, director,	23	D. BURIAL, CREMATI			23c. NAME OF CE			23d. I	LOCATION (City or To	own) (	County)	(Stote)
02099		BURIAL (Specify		4,1967			y Cemetery	God	keysvill	e a Light	yrand	
VR A15 (4)	2	4. FUNERAL DIRECTO	or Brooks Tows	on 10	ADDRESS PO	ad		P BY REGIS	TRAR 1967 25b. R	EGISTRAR'S SIG	NATURE	
25M 1/67	W	m• COOK⇔i	DLOOKS TOWS	Tot	vsen, Mary	land	21204 DATE	0 L 0	1001	, John Mary	Sond on	7
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09296 09297 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o STATE Maryland b. COUNTY 37 Baltimore MARYLAND within 72 hours ofter b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) XXXXXX Baltimore 21212 Towson filled in I d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 4217 Ivanhoe Ave. St. Joseph's Hospital YES NO DO NAME OF Middle First Last 4. DATE Day Year completely DECEASED Price 7-16vent, (Type or print) Irene DEATH Agnes AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED remove last birthday) Manths white Hours female WIDOWED DIVORCED April 28,1892 puo 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? ondi Texas, Maryland Housewife
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, George F. Rose Barrett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no. ar unknown) (If yes give war ar dates of service) Frank B. Price, Sr. 4217 Ivanhoe Ave. None burial, cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (a). TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) State Dept. af Heolth NO SC YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (I) (this haspital) attended the deceased from July 15, 1967, ta July 16, 1967, that (I) (we) last saw the deceased glive an July 16, 1967, and that death accurred at 1:10AM, from causes and on the date stated above 22b. DATE SIGNED 22a SIGNATURE MED. DIRECTOR ATTENDING July 16, 1967 director, page 3 should be filed v MD 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Rd., Baltimore Co.Md. 21212 Ismael Jamora 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) Dulaney Valley Memor timore 24. FUNERAL DIRECTOR Moran, Inc. 3000 E. Baltimore St.

AND THE PARTY OF de be-limes puesto 

09298 FOR STATE HEALTH DEPT

TO FUNERAL DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File pages land 2 with the State Department of

Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

necessory, please execute the certificate, writing the word

5 may be retained for your files.

VR A 15ME (5)

TO DEPUTY MEDICAL EXAMINER:

y delay is 2, and 3 to PM3. Poge

'pending" in pencil in Item 18. Give Poges 1,

This certificate shauld be executed within 24 hours after death. If

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09297

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	PLACE OF DEATH A COUNTY BAILIMOTE	MA DVI AND	2. USUAL RESIDENCE (Where	deceased lived, if institution: b. COUNTY	Residence before admission) Baltimore
- 1	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Rural—Baltimore	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	arparate limits, write RURAL of Ltimore 21234	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in the 2627 Windsor Rose)	naspital, give street address) ad	d. STREET ADDRESS  2627 Windso:	r Road	e. IS RESIDENCE ON A FARM? YES NO
-	NAME OF First DECEASED (Type or print)  MABE I	Middle L <b>E</b> •	PRTCE	DATE Manth OF Jul	Day Year y 24, 19 67
S. :	Fomolo White	The state of the s	B. DATE OF BIRTH Nov. 17,1908.		UNDER 1 YEAR   IF UNDER 24 HRS
l0o duri	o. USUAL OCCUPATION (Give kind of work dane ring most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Mary)		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME William McF	(inley	14. MOTHER'S MAIDEN NAME	Elizabeth Ke	elly
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, ny unknown) (If yes give war ar dates of serv		informant cx.Mr. John W.	Price, Sr.	(Same)
	Conditions, if any, which gave nise ta immediate cause (a), stoting the underlying cause (b).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Part I	ar Part II af item 1B.)	PERFORMED? YES NO
MEDICAL	20ε. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
	21. I certify that I taak charge of death resulted fram: Natural co		cide, Hamicide, CHIEF MEDICAL EXAMM.D. ASSISTANT MEDICAL E	XAMINER A	
	EXAMINER'S Werner U.	Spitz M.D.	DEPUTY MEDICAL EXA	MINER	1/24/01

BOILTRAYS SICOL and the second 160 10-0-X STATE OF STATE - 12,140° of a transit Telephone Telephone ide thought ratates, metile For the state of 12:0-28-4510 xxx.lr. tota W. Frico, Sr. (Mara) panusit militorojanni pisovenojalnika. There's to be to the transfer of the transfer to the transfer the transfer to Leonard J. Rueff, Inc. Tello. 14. 2525

1967

CERTIFICATE OF DEATH 09293 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Baltimore b. COUNTY Harford Maryland MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corparate limits, c. CITY OR TOWN (If gutside corparate limits, write RURAL and give negrest tawn) write RURAL and give neorest town) 1lyr7mth2dys Aberdeen, Maryland Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 2 Aberdeen Avenue GROVE STATE HOSPITAL SPRING YES 🗌 NO NAME OF Middle First Last 4. DATE Manth Day Year DECEASED Smith Maude Pro ctor 24 JULY 67 (Type or print) DEATH 5. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** ast birthday) March 1, 1889 Hours female white WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY U.S. COUNTRY? Nova Scotia housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ellen Kilcop John 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 022-18-5098 (Yes, na, ar unknawn) (If yes give wor or dates of service) STATE HOSPITAL Records: SPRING GROVE 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Myocardial infarction, INTERVAL BETWEEN TONS LAND DEATH IMMEDIATE CAUSE (a) (h) Arteriosclerotic Cardiovascular Heart Disease 20 years Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause (c) Arteriosclerosis, generalized, senile 20 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN INSIGNATIONS 19. WAS AUTOPSY PERFORMED? Pneumonia, bilateral, bronchial, organism unk.; uremia & arterionephro- yes 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour 'o.m. Nat While factory, street, affice bldg., etc.) 21. I certify that (t) (this haspital) attended the deceased from 18 55 to July 24 , 1967, that A) (we) last Dec. 22 , and that death accurred at 8:35PM, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATHER 22b. DATE SIGNED ATTENDING July24,1967 MD PHYS. PHYS. 22d. ADDRESS SPRING GROVE STATE HOSPTIAL NAME (Type) oung, Baltimore, Maryland 21228 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify)
Burial Quincy, Mass. 7/27/67 Mount Wollaston Cemetery 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Wm.Cook-Brooks, Inc. 1217 St. Paul St. Balto. Mt. JUL 27

VR A15 (4) 25M 1/67

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the streets you	. 1.1to. 14. VILOT 198	27 Jt. au t.	1.000 100 c, ac.

1	tems 20&21 Film 390 7-10-MARYCAND STATE DEPARTMENT OF HEALTH
2 57 57	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
R STATE	
	1. PLACE OF DEATH o. COUNTY  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY
eath	Baltimore MARYLAND Maryland  b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
rs after death.	write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE
56	Greater Baltimore Medical Center 710 Evesham Avenue YES NOT
	3. NAME OF First Middle Lost 4. DATE Month Doy Year
1	(Type or print) FEMALE) Dawn Marce PTAK DEATH 7 2 1967
	lost birthdoy) Months I Days Hours I Min
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT
	during most of working life, even if retired)  INDUSTRY  Maryland  COUNTRY?  USA
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Francis Louis Ptak Marie Vasquenz
in in	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dotes of service)  No. Francis L. Ptak (Same)
, in Annual Control	No None Mr. trancis L. Itak (Same)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), eld (c);  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), eld (c);  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), eld (c);
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PROBLEM OF THE COURT
	1/30 DUE TO
A	Conditions, if ony, which gove (b)
	stoting the underlying couse DUE TO
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110)  19. WAS AUTOPSY PERFORMED?
	200. EXTERNAL AUSE WAS PRIMARY LDG CONTRIBUTING  201. EXTERNAL AUSE WAS PRIMARY LDG CONTRIBUTING  202. EXTERNAL AUSE WAS PRIMARY LDG CONTRIBUTING  203. EXTERNAL AUSE WAS PRIMARY LDG CONTRIBUTING  204. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18.)  205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18.)  206. EXTERNAL AUSE WAS PRIMARY LDG CONTRIBUTING  207. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18.)  208. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18.)
	200. EXTERNAL AUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18.) EXIMARY LOCK CONTRIBUTING Digitalis intoxication during rapid digitalization
	20c. TIME OF INJURY Month, Doy, Yeor While of work of
	21. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and in my apin
	death resulted fram Natural causes Accident X, Suicide American Hamicide Mondetermined manner
	ACTUAL COLLAGO TO THE STATE OF THE STATE MEDICAL EXAMINER ( ) 22. DOATE SIGNI
	SIGNATURE VICENTIAL CAMINER L
2	EXAMINER'S NAME (Type) Charles F. O'Donnell, M.D. Address (Street, city, town, or county)
	230. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Chunty) (Suffe)
	REMOVAL (Specify)  7/5/67. Holy Redeemer Cemetery Baltimore, Md.  24. FUNERAL DIRECTOR  250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	10010-014-MJ 212111 1111 5 4007 001. 4 0
4	eonard J. Ruck, Inc. Datto. Ma. 21214 Date JUL 3 1961 generally Justice

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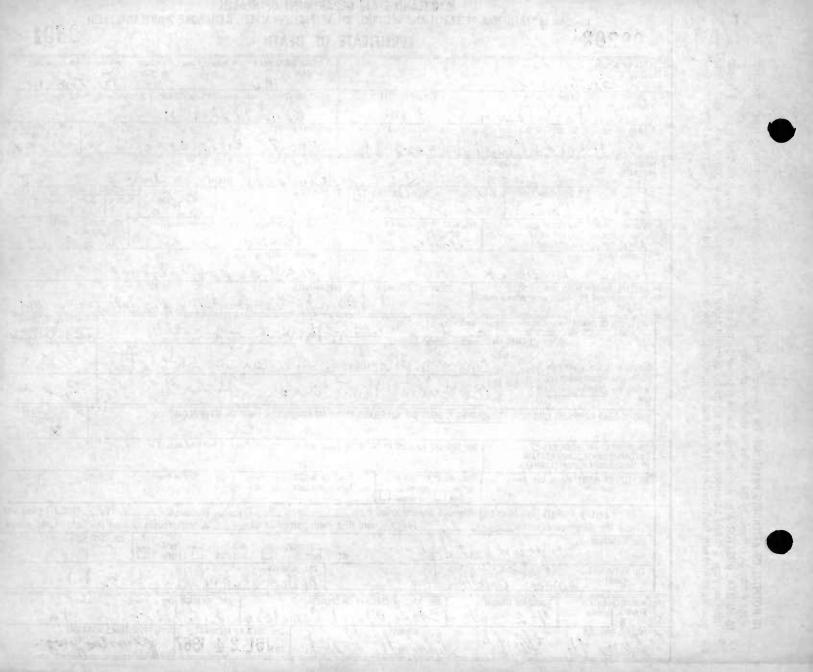
MARYLAND STATE DEPARTMENT OF HEALTH 09300 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE AND HOUR OF DEATH ype or Print) Marie Puncochar 7/30/67 PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissing A. STATE BALTIMORE COUNTY FULL NAME OF (If not in haspital ar institution, give street BALTIMORE HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION 3402 Essex Rd Baltimore Baltimore, Md 21207 D. STREET ADDRESS (If rural, give location) carbon 3402 Essex Rd 5. SEX MARRIED, NEVER MARRIED 6. RACE 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs. executed WIDOWED, DIVORCED (specify) Months Doys lost birthday) Hours Female Widowed EIDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF Edone during mast of working life, even if retired) WHAT COUNTRY? the death certificate be Housewife physician on please Czeck C13. FATHERS NAME Usa 14. MOTHER'S MAIDEN NAME Unk

15. Was Deceased Ever in U. S. Anned Forces?
(Yas, no or unknown) (If yes, give wor or dates of Unk attending p 6. SOCIAL 17. INFORMANT ADDRESS Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. permit. No Family Same 1B. CAUSE OF DEATH INTERVAL BETWEEN signed by the burial-transit ptikewie Shock Premody DISEASE OR CONDITION DIRECTLY 4 may be retoined by the hospitol or ottending physician. LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) as the ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 22. I certify that (i) (this hospital) attended the deceased fram. that (1) (we) last saw the deceased alive on .19 and that in(my) (our) opinion death occurred on the date and haur and from the causes stated abave. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE director, page Attending [ Med. Director 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specily) (City, town, ar county) Burial Holy Cross Cem VR A15 (4) 25M 1/67 25A. DATE REC'D BY HEALTH DEPT Md 25C. FUNERAL DIRECTOR ADDRESS McCally F H age D-4

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SHIP AND LINE OF THE SHIP AND		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 09302 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral remove (drban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY papers. Pages I iin 72 haurs after MARYLAND CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town 5 own e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ent, Within 7 NO X NAME OF DATE Month Lost Day Year DECEASED OF DEATH 196 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 9. AGE (In years 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Manths Hours Aug. DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) COUNTRY? during most of warking life, eyen if retired) INDUSTRY Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor ar dotes of service RANDAllstown, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO signed Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse as the this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS' PERFORMED? NO be retained by the hospital ar 10 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm. (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceosed from. 18.1967 -10/u 1967, and that death accurred of 2.30 P.M. from couses and on the date stated abave. saw the deceased alive on July 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS. PHYS. 22c. PHYSICIAN'S **ADDRESS** NAME (Type) directar, LOCATION (City or Tawn) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (Stote) **BURIAL CREMATION** REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



1	MARYLAND STATE DEPARTMENT OF HEALTH	TIMODE 4 MADY IND
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALL OF DEATH	TIMORE 1, MARYLAND
death.		ed, If Institution: Residence before admission
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in b	Baltimore Baltimore	13.1
711ed apers	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
in 2 y fil pal thin	1636 Hardwick Rd. 1636 Hardwick	
The law requires that the death certificate be executed within 24 hours after death. or attending physician. cate has been signed by the attending physician and completely filled in by the funeral r use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ealth prior to burial, cremation, or removal, and in any event, within 72 hours after death.	3. NAME OF DECEASED (Type or print) Frederick P. Rappe (1996) Last (1996) GEATH J	Month Day Year 19 67
com com ove	last bl	n years   IF UNDER 1 YEAR   IF UNDER 24 HRS   Irthday)   Months   Days   Hours   Min.
and remo	1 W WIDOWED DIVORCED DEC 10, 1915	yrs.
Toate be en physician and in please rain and in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Cabinet Maker  10b. KIND OF BUSINESS OR INDUSTRY  Baltimore Md	COUNTRY?
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h certificat tending phy nit. Then p or removal,	15. WAS DECEASED EVER IN IL S ARMED FORCES?   16 SOCIAL SECURITY NO.   17 INCORMANT	Address
ath atte rmit n, or	(Yes, po, or unkown) (Ifyes give war or dates of service) Yes 2nd W.W. 213-05-4151 Wife	Same
the the ation	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
t the an. by ansi	PART I. DEATH WAS CAUSED BY: Hypertengine Carlie Vascular Dis	earl 2 wear
aw requires that the the distribution of the bear share burial transprior to burial, creprior to burial, c	443 DUE TO	
phy phy buri	Conditions, If any, which gave rise to immediate (b)	
required ding peer the to re to	cause (a), stating the DUE TO	
ttending ttending has been as the k prior to	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	SIVEN IN PART 1(a)   19. WAS AUTOPSY
ICIAN: The law requires that the death certification attending physician. Certificate has been signed by the attending hed for use as the burial-traisit permit. Then to Health prior to burial, cremation, or remont.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO C
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icer cer thed ot. o	20a. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of injury in Part I or E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ING PHYSICIAN: d by the hospital After this certific t be detached foi State Dept. of H	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, left)   20f. (City or factory, street, office bidg., etc.)	town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While at work at work	
OR ATTENDING be retained by INECTOR: Aften ge 3 should be	21. I certify that (1) (this to pite) attended the deceased from March, 1967, to	ely , 1967, that (1) (we) las
y be retained blue creatined blue creatined blue crows. A age 3 should lied with the state of the creatine creating the creating should blue creating the creating should blue creating should be creating shoul	saw the deceased alive on 3 2004, and that death occurred at 1172 M, from the	causes and on the date stated above
DR / Dbe r IREC w ed w	22a. SIGNATURE  W.D. ATTENDING MED. DIRECTOR DIPLETOR PHY	
. > = ===	22c. PHYSICIAN'S NAME (Type)  M.D. PHYS. DIRECTOR PHY	s. 1 2 7 7 7 10
HOSPITAL age 4 may FUNERAL irector, pa	NAME (Type)	
TO HOSPITAL Page 4 may To FUNERAL director, pa should be fi	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	(City, town or county) (State)
= = =	Benoval (Specify) 7/26/67 Baltimore Nat.  24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  25a. RECOMY REGISTRAN	More Md.
VR A15 (4)		Ol. Manual distriction
15M 4-64	P.A. Heemann 6067 Harford Rd. DATE 28 1967	<u> </u>

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09304 09305 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore #21206 Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 296, Ridge Road St. Joseph Hospital YES NO NAME OF Middle Lost 4. DATE Month Year Clara E. Rovahn July 67 DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdoy) Months Doys Hours June 13, 1880 White WIDOWED X DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Baltimore County Home 14. MOTHER'S MAIDEN NAME Calvin Shaffer Mary Elizabeth Johnson Trust Bldg 16. SOCIAL SECURITY NO. 17. INFORMANT 216-46-1860 Mr William B. Stansbury Jr. 403 Mercantile INTERVAL BETWEEN Pulmonary thromboembolism ONSET AND DEATH IMMEDIATE CAUSE (o) congestive heart failure DUE TO 19. WAS AUTOPSY PERFORMED? Acute fibrinopurulent pericarditis YES X NO

2So. REC'D BY REGISTRAR 2

DATEJUL 25

25b. REGISTRAR'S SIGNATURE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. DECEASED (Type or print) S. SEX remove and in any Female 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attending physician permit. Then please Housewife 13. FATHER'S NAME ar remayal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) permit. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Pulmonary th: signed by the burial-transit p burial, Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse Page 4 may be retained by the hospital ar attending as the lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg., etc.) Not While ot work 21. I certify that (this haspital) attended the deceased fram July 13, 1967, to July 22, 1967, that (the we) last saw the deceased alive on July 22, 1967, and that death accurred at 1 p. M, fram causes and an the date stated above. DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS. July 22, 1967 director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Reynaldo Or tdela-Gomez, M. D. 7620 York Road, Towson 4, Md. 230. BURIAL, CREMACION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote)

7401 B.Da.

7-25-1967

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR STATE	09306 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	2000
HEALTH DEPT!	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	ce before odmission)
of ge to	a. COUNTY BALTIMORE MARYLAND	O. STATE MARYLAND b. CDUNTY DA	STIMITE
2, and 3 to PM3. Page	b. CITY DR TDWN (If outside corporate limits,   c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If ourside corporate limits, write RURAL and give	nearest town)
de ann	write RURAL and give nearest tawn)	BAKTIMORE 1	3.1
any 2, 2, epo	d. NAME DF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)	d. STREET ADDRESS?	e IS RESIDENCE
es 1, 2, and 3 form PM3. Pa form PM3. Pa	ST. JOSEPH'S HOSPITAL	3031 CAXIFORNIA AUE.	ON A FARM?
deoth. If	3. NAME OF First Middle	Lost . 4. DATE Month	Doy Year
0 0 7	OECEASED (Type or print) JAMES	PUBY OF DEATH 7	22 1967
offer de Give olong with the	S. SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED	8. DATE DE BIRTH 9. AGE (In years IF UNDER)	
s after 6 18. G	MALE WITTE WIDDWED FI DIVORCED I	5-29-23 Last/birthdoy) Months	Doys Hours Min.
haurs Item 18 Office of I ond 2 v	10a JUNAL DCCUPATION (Give king of work done 10b. KIND DF BUSINESS DR	11. BIRTHRIACE (Stote or foreign country) 12. CIT	TIZEN DF WHAT
24 h in Italia r's 0 r's 0	during most of working life, even it retired) EMAN INDUSTRY	BALTIMORE, MD. (0)	UNTRY?
thin 24 h ncil in It niner's 0 pages 1c urs after	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
INER: This certificate should be executed within 24 haurs after e certificate, writing the word "pending" in pencil in Item 18. Give should be forwarded to the Chief Medical Examiner's Office ologgilles.  3 should be used as o burial-tronsit permit. File pages lond 2 with ion, or removal, and in any event within 72 hours after death.	JOHN KUBY	HUNA LYNCH	
in v in f in f in f in f in f in f in f in f	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17	INCODMANT	1
cute gradico dico min	(Yes, no, or unknown) (If yes give wor or dates of service) WW 2 215-12-5780	ELWOOD RAWLINGS 83250	LLEN HUE.
should be executed wir ne word "pending" in pe to the Chief Medicol Exor burial-tronsit permit. File n any event within 72 ho	18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c))	2	INTERVAL BETWEEN
ld be rd "pe Chief tronsit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MICROCOLOL	al inforction	DNSET AND DEATH
ord ord	4201 DUE TD 0	X	
shou wo the urial	Conditions, if ony, which gove rise to immediate couse (a),		
te the the the the the the the the the t	stoting the underlying couse DUE TO		
ertificote should writing the word warded to the Ch sed as o burial-tra rol, and in any ev	last. (c)		
This certificote should cote, writing the word be forwarded to the Cl be used as a burial-transmovol, and in any ev	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
This certicote, write forwaring be forwaring be used removol,	CATIC		YES NO Y
ER: This certificate, ould be if es. hould be no or remo	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING O	D. (Enter noture of injury in Port I or Port II of item 18.)	/~
INER: Te certifice should be files. 3 should iten, or n			
EXAMINER: cute the certificate the certificate oge 4 should r your files. :Page 3 should cremotion, or		Cocory, street, office bldg., etc.)	unty) (Stote)
Poge Programmer. Y. R.: Pog.	21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection , Inquiry ,	and in my opinion
2 x . + 0 0		uicide, Homicide Undetermined manner	
MEDICA pleose explored in the properties of the	1 1 17	CHIEF MEDICAL EXAMINER	
Mer pleos dire retair DIR	SIGNATURE Fren X. Jamo - ms	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
UTY, pry, be be pric	EXAMINER'S FRANCIS X: CARMEDY M.	D. DEPUTY MEDICAL EXAMINER	7-22-67
o DEPUTY MEDICAL Enecessory, pleose exect the funerol director. Po 5 may be retained for O FUNERAL DIRECTOR: Health prior to buriol,	NAME (Type)	Address (Street, city, town, or county)	
the Head	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME DF CEMETERY O		(County) (State)
- =	R	Vational Baltimore Marylar	CHATHE
VR A15ME (5)	24. TUNERAL DIRECTOR ADDRESS	230. RECD BY REGISTRAR 967 25b. REGISTRAR'S S	les Judge
6M 1/67	Leonard J. Ruck Inc. 5305 Harford Rd.	21214 DATE JUL 2 5 1961 July	0 0

P869 JEME S 1-11-11 1-11-11 100 C myorardiel inforction to final assistant - Finalial acousto. 132 6 1 100 Large J. and Line 1975 Americal Margaret

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09307 CERTIFICATE OF DEATH 09308 haurs after death. funeral i pand PLACE OF OEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Baltimore b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) within 72 haurs TOUSON RIVISR MIDDLE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 1416 Third Road YES NO A St. Joseph Hospital NAME OF Last 4. DATE Day Year DECEASED (Type or print) William DEATH 1967 July 30 ars Funder 1 YEAR Schratz requires that the death certificate be executed 9. AGE (In years S. SEX 8. DATE OF BIRTH IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remave last birthday) Months White Male and in any WIDOWED DIVORCEO December 12.1900 10a. USUAL OCCUPATION (Give kind af work dane 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? Martin Co. New York, N.Y. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal. JOHN SCHRATZ OBERHOFFER Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates af service) a 109-05-0872 FRANCES ABOUL crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Thrombosis left coronary artery IMMEDIATE CAUSE (a) DUE TO signed l burial Conditions, if any, which gave rise to immediate cause (a), **OUE TO** stating the underlying cause Page 4 may be retained by the haspital ar attending as the OR ATTENDING PHYSICIAN: The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Uremia secondary to chronic pyelonephritis. YES X NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Oay, Year Haur 'a.m. factory, street, affice bldg., etc.) Nat While at work at wark 21. I certify that (1) (this hospital) attended the deceased from July 5 1967 to July 30 , 19 67 that W (we) last saw the deceosed ebre on July 30 1967, and that death accurred and 220 Mrom causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. July 31, 1967 DIRECTOR M.D. director, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS M.S. Cockburn, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 23g. BURIAL CREMATION. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) BALTO AU5.3 0 25b. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR ADDRESS VR A15 (4) G. CONNELLY 300

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09303 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) a. COUNTY o. STATE BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) BALTIMORE BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS MILFORD MANOR NURSING HOME 3903 BARRINGTON ROAD 3. NAME OF Middle 4 DATE Last Month DECEASED (Type or print) LENA SCHULT DEATH 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR 7. MARRIED B. DATE OF BIRTH **NEVER MARRIED** last birthday) Months WIDOWED X DIVORCED FEMALE WHITE 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY and HOUSEWIFE AT HOME LITHUANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. LEPA BLUMBERG MOTLA 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) (If yes give war or dates of service) MR. DAVID SCHULTZ. 5511 GIST AVENUE burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (o), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) Hour o.m. foctory, street, affice bldg., etc.) Not While ot work at work 21. I certify that (I) (this haspital) attended the deceased from 5-195 19 67, and that death occurred at 3 3 saw the deceased alive an M, fram causes and on the date stoted obove. 22a, SIGNATURE 22b. DATE SIGNED, M.D. DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) HARVEY FUERERMAN 6210 PARK HEIGHTS AVENUE

23c. NAME OF CEMETERY OR CREMATORY

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician.

23a. BURIAL CREMATION

death.

within 24 haurs after

ease

physician

signed t

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

REMOVAL (Specify)
BURTAL

24. FUNERAL DIRECTOR LEVINSON & BROS. INC., 6010 REIST., RD.

23b. DATE THEREOF

2Sa. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

BALTIMORE

(Stote

09308

e. IS RESIDENCE ON A FARM?

YES NO

Year

IF UNDER 24 HRS

19. WAS AUTOPSY PERFORMED?

1967, that (1) (we) last

(County)

(County)

MARYLAND

NO P

(State)

Day

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**COUNTRY?** 

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09309

CERTIFICATE OF DEATH 09310 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY Maryland Baltimore MARYLAND papers. Pages thin 72 havrs after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 0 WSON #21 206 Baltimore filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 106 E. Elm St. Joseph's Hospital Avenue YES NO 3. NAME OF Middle Lost 4. DATE Year Doy completely DECEASED event 19 67 DEATH July (Type or print) Schultz Thelma 8. DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER 1 YEAR | IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Female White WIDOWED DIVORCED Feb.ruarvl.1912 pup 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done .= during mast af warking life, even if retired) COUNTRY? **INDUSTRY** pub Schuylkill Haven, Penna 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal, Hattie Wxxx Bolton Reed IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service permit. Norman W. Schultz none same no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Recurrent myocardial infarction IMMEDIATE CAUSE (a). **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse 19. WAS AUTOPS)
PERFORMED?
YES X NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Arteriosclerotic cardiovascular disease. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work FUNERAL DIRECTOR: After 21. I certify that M (this hospital) attended the deceased from June 24 1967, ta July 4, 1967, that (\* (we) last saw the deceased dive on 19 67, and that death accurred a6:05AM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. July 4, 1967 M.D. 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Rd., Towson, Md. 21204 NAME (Type) Reynelde Or juela-Gomez, M.D. director, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) 7/7/67 Moreland Park Cem. Balto. Md. JUL 5 1967 2Sb. ADDRESS 24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md.

activity of the second SINC STATE OF mutified at the wilder some wall of the manager and and the safety of the above the same of th |根本には、1920年||1920年||1921年||1920年||1920年||1920年||1920年||1920年||1920年||1920年||1920年||1920年||1920年||1920年||1920年| months and another the later than th The state of the s " - could be some wind . The way-"

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09310 09311 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR-STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE MARYLAND b. CITY OR TOWN (If autside corparate limits c. LENGTH OF STAY IN 1b write RURAL and give negrest town) BALTO RURAL d. STREET ADDRESS IS RESIDENCE ON A FARM? 00 NO K NAME OF 4. DATE Dov Year DECEASED OF TUNI 67 eym ev 19 (Type or print) DEATH 1 YFAR F LINDER 24 HRS 7. MARRIED NEVER MARRIED y cirthdoy) Months Dovs 1 mar 1889 WIDOWED J DIVORCED 72 haurs after death 10o. USUAL OCCUPATION (Give kind of work done 10h. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Retired Germany 14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME This certificate shauld be executed within Unknown Seymer 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Ellicott City, ward "pending" i the Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service within 216-10-3274 No Mr. Adolph W. Seyer, Waterloo Rd. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY event IMMEDIATE CAUSE (a) the certificate, writing the ward DUF TO Conditions, if ony, which gove farwarded ta rise to immediate couse (a). = DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY removal, PERFORMED? NO pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 3 shauld PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH crematian, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at work ot work 21. I certify that I taak charge of the remains described above, held on Autopsy Inspection A Inquiry , and in my opinian Natural causes . Suicide . death resulted fram: Accident . Hamicide Undetermined manner funeral director. CHIFF MEDICAL EXAMINER Health priar ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 7-10-67 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type)

VR A 15ME (5) 6M 1/67

0

REMBYAL (Specify

23o. BURIAL CREMATIO

7/11/67

23b. DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY
Loudon Park Cemetery

(Stote) Md.

23d. LOCATION (City or Town) (County) Baltimore

Howard H. Hubbard 4107 Wilkens Ave. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 21229

CONTRACTOR OF THE PROPERTY OF The first of the f at all was well and the C - PROLEMENT LISTED TO SEE THE PROPERTY OF TH 6; j . - Votes of The second of th A TOTAL TO THE PERSON OF THE P A SUBHAR VANCOR Deveron I. Independ all Planner Ave.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

II 2. USUAL RESIDENCE (Where deceased lived, if institution: R

09311

	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
(		o. STATE b. COUNTY — J
1	CITY OR TOWN (If outside corporate limits,   C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Baltimore 304
	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS e. IS RESIDENCE
		2108 Northelish Drive YES NO
		Lost 4. DATE Month Doy Year
1	DECEASED	OF
_		VITZ DEATH JULY 30, 1967 19 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
		lost birthdoy) Months Doys Hours Min.
	are writte	May 11, 1915 52 yrs.
	ng most of working life, even if retired) INDUSTRY	COUNTRY?
		Baltimore, Maryland USA  14. MOTHER'S MAIDEN NAME
		A CONTRACTOR OF THE PROPERTY O
		Stella Kaplan
15. (Ye	no as unknown). (If one give wer or dates of service)	INFORMANT Address #9
,	NO MANKNOUN M.	rs. Blanche Shaivitz, 2108 Northcliff Driv
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	9 Collesion Sudden
	4201 DUE TO 1	2 11 11
	rise to immediate course (a)	morphiney of po.
	stoting the underlying couse	
		, , , , , , , , , , , , , , , , , , , ,
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?
S		YES NO (
RTIFI	2Do. EXTERNAL CAUSE WAS  PRIMARY □ or CONTRIBUTING □  20b. DESCRIBE HOW INJURY OCCURRED	). (Enter noture of injury in Port I or Port II of item 18.)
	CAUSE OF DEATH.	
DICA	and the of the off the off the off	ACE OF INJURY (Home, form, octory, street, office bldg., etc.)  2Df. (City or town) (County) (Stote)
W	p.m. 19 of work of work	tion, states of the blogs, other
	21. I certify that I toak charge of the remains described abave, h	neld an Autapsy 🔲 , Inspectian 🗐 , Inquiry 🔲 , and in my apinia
	death resulted fram: Natural causes , Accident , Su	icide , Hamicide , Undetermined manner
	11 0 10 0	CHIEF MEDICAL EXAMINER
40	SIGNATURE Charles + 14 Sunce	M.D. ASSISTANT MEDICAL EXAMINER ( ) 22. DATE SIGNED
7	EXAMINER'S	DEPUTY MEDICAL EXAMINER
	NAME (Type) Charles F. O'Donnell, M	D. Address (Street, city, town, or county)
230		
	Burial 7/31/67 Beth Thiloh	Baltimore, Maryland
	MEDICAL CERTIFICATION  S. 2. 2. 100 during man 13. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	D. COUNTY  Baltimore  b. CITY OR TOWN (If ouiside corporate limits, write RURAL and give nearest town)  Baltimore  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Rd.  Pine Ridge Golf Cowse, Dulaney Valley  3. NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  1DO, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Manukacture Rep.  13. FAITHER'S NAME  Samuel Shaivitz  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)  (If yes give wor or dofes of service)  NO  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  100. EXTERNAL CAUSE WAS PINALAGULA  200. TIME OF INJURY Month, Doy, Yeor Hour o.m.  p.m.  19  21. I certify that I took charge of the remains described above, if death resulted fram: Natural causes F. O' Donnell M.  ACTUAL SIGNATURE EXAMINER'S  NAME (Type)  Charles F. O' Donnell M.  223. BURIAL, CREMATION, 23b. DATE THEREOF  23c. RAME OF CEMETERY O.  23c. BURIAL, CREMATION, 23b. DATE THEREOF  23c. RAME OF CEMETERY O.  23c. BURIAL, CREMATION, 23b. DATE THEREOF  23c. RAME OF CEMETERY O.

Sol Levinson & Bros. Inc., 6010 Reist., Rd.

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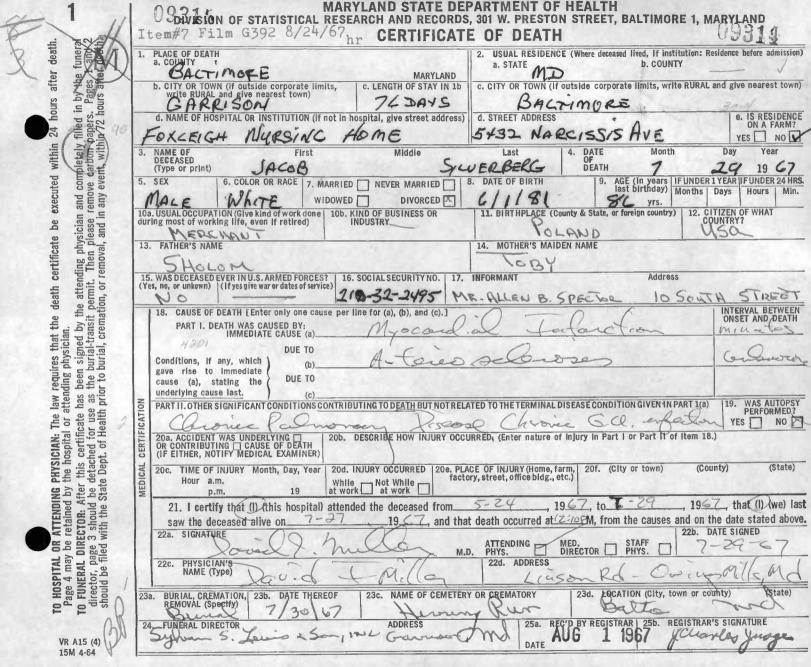
At A Steament C. D'Hommesta, M. H.

All the thin that the manager of

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3313 CERTIFICATE OF DEATH 09314 requires that the deoth certificate be executed within 24 hours after deoth physician and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY timore MARYLAND please remove carbon papers. Pages I b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (It autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 2 Mas timore day NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 3330 YES | NO X NAME OF Lost DATE Month Day Year DECEASED N.M.N 196 (Type or print) DEATH 0 S. SEX INCINDER 1 YEAR DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours 4-15-0 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MERCHANT the attending phys removo STDLIN WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 50 NO 212-26-8822 buriol, cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o). DUF TO ed for use os the b of Heolth prior to b stoting the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m While Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram and that death accurred at 45 M. fram causes and an the date stated above. saw the deceased alive an, 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR **ATTENDING** PHYS 22d. ADDRESS 22C PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) MOSES MONTIFIORE BAITIMORE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTBAR'S SIGNATURE VR A15 (4) 20 M 1/66 LEVINSON & BROS. INC., 6010 REIST., RD. DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items CERTIFICATE FOR DEATH 8/24/67 kk 003 The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Alleghany MARYLAND Maryland C. LENGTH OF STAY IN 1b. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 17vrllmth18dvs Cumberland, Maryland a campletely filled in by e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 2 Bedford Hoad STATE HOSPITAL SPRING GROVE YES NO T within Middle 3. NAME OF 4 DATE First Lost Month Doy Year DECEASED Clara Belle July 26 19 67 Simmons (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED birthdoy) Months Hours Dovs Jan. 31. 1897 WIDOWED DIVORCED female white 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY the attending physician sit permit. Then please and West Virginia laborer factory 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Williams Albert D. Shields 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. 215-14-6278 Records: SPRING STATE HOSPITAL unknown GRO VE INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit Pneumonia IMMEDIATE CAUSE (o) signed by TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO burial Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use Arteriosclerotic cardiovascular disease NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached (Stote) 20e, PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED Hour o.m. Not While foctory, street, office bldg., etc.) of work ot work al) attended the deceased fram Sept. 1 , 19 118 ta July 26 , 19 67, that (4) (we) last July 26 19 67, and that death accurred at 3 10 M, fram causes and an the date stated above. 21. I certify that (t) (this haspital) attended the deceased fram Sept. 1 July 26, 19 67, that \$ (we) last plnous saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** 7-26-67 X M.D. DIRECTOR PHYS. 22d. ADDRESS SPRING GROVE STATE HOSPITAL 22c. PHYSICIAN'S Stella Wachsler, M.D. NAME (Type) Baltimore. Maryland 21228 director, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 8-22-67 Anatomy Board of Maryland ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTILIMOTE b. COUNTY after Balto. MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate ilmits, write RURAL and give nearest town) write RURAL and give nearest town)
Randallstown hours Randallstown Jers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE 8609 Dovedale Road 8609 Dovedale Road ON A FARM? 24 within NO 3 YES within 3. NAME DE DATE First Middle Last Day Month DECEASED OF Betty Mae Smith July 16 67 (Type or print) DEATH 19 executed 6. COLOR OR RACE | 7. MARRIEO and cor 8. DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. iast birthday) | Months | Oays | Hours | Min. NEVER MARRIED e. May 10, 1950 WIOOWEO [ DIVORCED yrs. attending physician a ermit. Then please re on, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT COUNTRY? 10b, KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) certificate be during most of working life, even if retired) INOUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John P. Smith Edna Thompson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attenit permit. death (Yes, no, or unkown) | (If yes give war or dates of service) John P. Smith 8609 Dovedale Rd. Randallstown cremation, no 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the the burial-transit or to burial, cremati requires that the ONSET ANO DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which gave rise to immediate OUF TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health PERFORMED? NO W 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part i or Part II of item 18.) r this certif detached for te Dept. of A MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. - Not While After d be d at work p.m. 19 at work 1963 to 21. I certify that ((1) this hospital) attended the deceased from 19 6 / that (ID (we) last DIRECTOR: age 3 should iled with the and that death occurred at 3 1-M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. OATE SIGNED 7/17/67 PHYS. M.D. DIRECTOR PHYS. TO FUNERAL director, p should be t PHYSICIAN' John J. Darrell, M.D. Liberty Ed. Randallstown. Md BURIAL, CREMATION. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Cokesbury Memorial Meth. Harford Co. Md. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR **AOORESS** 21206 REC'O BY REGISTRAR Ullrich Funeral Home 4210 Belair Rd. Balto VR A.15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 2DM 5-63

PERFORMED? NOY

Baltimore

. IS RESIDENCE ON A FARM? YES NO K

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ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY

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IF UNDER 24 HRS

(County)

(Stata)

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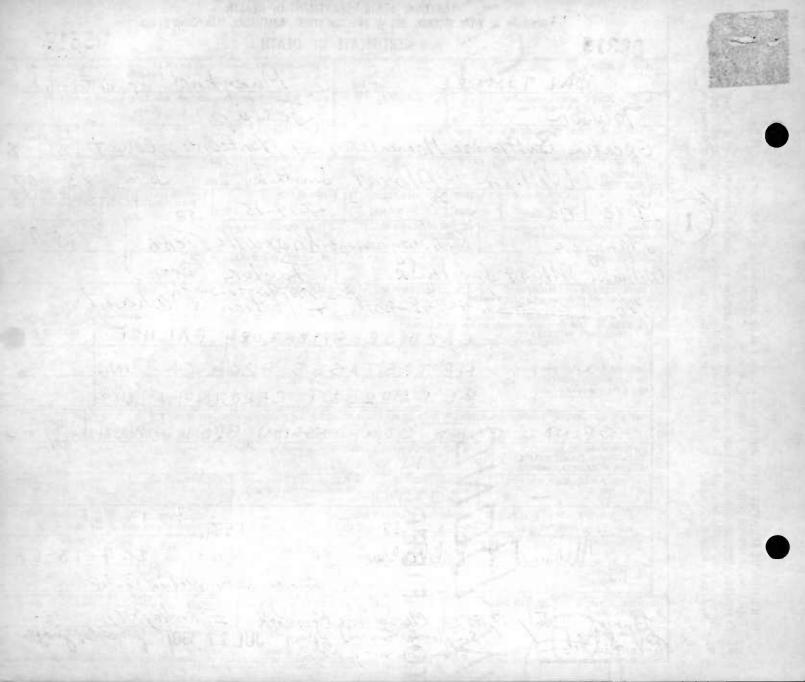
Parkville, Balto, Md.

24 FUNERAL DIRECTOR'S SIGNATURE Wm. Cook-Brooks Towson, Towson, Md.

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

A CONTRACTOR OF THE CONTRACTOR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09318 CERTIFICATE OF DEATH 09319 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a COLINTY b. COUNTX IMOR MARYLAND b. CITY OR JOWN (If outside carparate limits. c. CITY OR IOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b writer RURAL and give nearest tawn) within 72 haurs illed in t d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled i Ion tevided NO X YES 3. NAME OF carbon DATE Day Year OF DECEASED (Type or print) DEATH 196 SEX AGE (In years lost birthday) F UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS MARRIED Dovs WIDOWED DIVORCED any Can physician and 1Da. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY Tungack 13. FATHER'S NAME 14. MOTHER'S\_MAIDEN NAME or remayal. 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, not or onknown) (If yes give wor or dates of service burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RESPIRATORY ARDID IMMEDIATE CAUSE (a) signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) this certificate has COMPRESSION: NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. factory, street, affice bldg., etc.) Not While at wark 19 21. I certify that (1) (this haspital) attended the deceased from directar, page 3 shauld shauld be filed with the FUNERAL DIRECTOR: 67, and that death accurred at 1.550M. from causes and on the date stated abave saw the deceased alive on 22a. SIGNATURI 22b. DATE SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF, CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Teadow Midge 0 INERAL DIRECTOR DATE



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09320 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) FORT HOWARD 34 DAYS BALTIMORE 21202 .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS 912 ST. PAUL STREET VETERANS ADMINISTRATION HOSPITAL × 3. NAME OF First Middle Last 4. DATE Month DECEASED SNOVELL THEODORE DEATH JULY S. SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) JANUARY 4, 1900 MALE WHITTE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) during most of working life, even if retired) INDUSTRY physician PIPE FUTTER HAGERSTOWN, MARYLAND FREIGHT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova ANNIE NICHOLS WILLIAM SNOVELL 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. 216 07 burial, crematian, 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA, BILATERAL IMMEDIATE CAUSE (o) DUE TO signed Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) ANEURYSM, ARTERIOSCLEROTIC ABDOMINAL AORTA, OLD. PULMONARY EMPHYSEMA, OLD. certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (Ix(this haspital) attended the deceased fram 0/1/67 1/5/67 ta be retained saw the deceased alive an 7/5/67 and that death accurred at 1:30PM, fram causes and on the date stated above. TO FUNERAL DIRECTOR: 220. SIGNATURE STAFF M.D. PHYS. PHYS DIRECTOR director, page shauld be filed 22d. ADDRESS NAME (Type) JOHN D. TALBERT, M. D. VAH FORT HOWARD, MARYLAND 23b. DATE THEREOF 6/7/67 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Specify) BALTIMORE NATIONAL

**ADDRESS** 

WITZKE FUNERAL HOME

EDMONDSON AVE. BALLIMORE, MD.

24. FUNERAL DIRECTOR

VR A15 (4) 25M 1/67

Months 12. CITIZEN OF WHAT COUNTRY? U.S.A K. Snovell-316 Roundhill Rd.-21043 INTERVAL BETWEEN 19. WAS AUTOPS PERFORMED? (County) (Stote) 22b. DATE SIGNED 7/6/67 (County) (Stote) BALTIMORE, MARYLAND 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ochanles Judge 1967

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Baltimore a. CDUNTY a. Sparcellville. Va.b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 24 hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Purcellville 3 days Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS **a.** IS RESIDENCE ON A FARM? The Sheppard & Enoch Pratt Hospital Box 2li7 YES ND X PHYSICIAN: The law requires that the death certificate be executed within completery 3. NAME DE Middle Last DATE Month Day DECEASED 1967 Charles G Souder (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. MARRIED 3 NEVER MARRIED 8. DATE OF BIRTH 9. 5-21-1887 WIDOWER DIVORCED [ 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY? Co. Health Officer Borrowes. Indiana U.S. Physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Etta Myers Cloyd Souder MAG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address 0 (Yes, no, or unkown) | (If yes give war or dates of service) Wife, Theodate W. Souder, Purcellville, Va. INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure 2 days DUE TO Cenditions, If any, which Arteriosclerotic heart disease vears gave rise to immediate DUE TO cause (a), stating the has b as th prior underlying cause last. WAS AUTOPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? ND X Chronic brain syndrome due to senility. YES [ 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work to July h 21. I certify that (I) (this hospital) attended the deceased from July 1967 1967 that (I) (we) last DIRECTOR: Jage 3 should led with the and that death occurred at 1:30% from the causes and on the date stated above. 19 67 saw the deceased alive on July 22b. DATE SIGNED 22a. SIGNATURE MED. STAFF PHYS. director, page should be filed July h. 22d. ADDRESS PHYSICIAN'S NAME (Type) Rolfe B. Finn, M.D. The Sheppard & Enoch Pratt Hospital BURIAL, CREMATION, 1 23b. DATE THEREOF NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** REC'D BY REGISTRAR. VR ALS (4) DATE 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 hours after deoth. by the funeral Pages 1 and dear PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryl and Baltimore eve carbon papers. Pages I event, within 72 hours after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Kingsville 21087
d. STREET ADDRESS Kingsville 28yrs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? completely filled in Box15 Belair Road Rt#1 Box 15 Pelair Road NO D 3. NAME OF Webster 4. DATE Doy Year DECEASED OF DEATH (Type or print) Francis Streett 19 6 7 IF UNDER 24 HRS. the deoth certificate be executed S SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** X remove last birthday) Davs and in ony WIDOWED DIVORCED 9-20-1905 Male Cauc 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Self employed COUNTRY? INDUSTRY ottending physician sermit. Then pleose Machinery Sale Harford Co. Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremotion, or removal, Mary Webster Francis Andrew Streett Kingsville, Mc 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) (If yes give war or dates af service) 219-32-1047 Mrs Helen M. Streett Rt#1 Box 15 Belair Road 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSETZAND DEATH ATTENDING PHYSICIAN: The law requires that IMMEDIATE CAUSE (a) Cancer of Lung **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospitol or ottending physician. DUE TO Generalized Metastassis 2 yrs Conditions, if ony, which gave rise ta immediate cause (a), DUF TO stoting the underlying couse be detached for use os the Stote Dept. of Heolth prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour am factory, street, affice bldg., etc.) Not While at work at wark 21. I certify that (1) (this hospital) ottended the deceased fram October 19.65 to July 21, 19.67 that (1) (we) lost saw the deceased alive on July 23, 19.67, and that death accurred at 64. M, fram causes and an the date stated above. director, page 3 should should be filed with the 22g. SIGNATURE 22b. / DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) S. Edwin Muller St. Paul Street director, 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) St. Stephens Cemetery Pradshaw, Maryland 7-26-1967 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE JUL 26 1987

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09322 09323 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death impletely filled in by the funeral ve corbon popers. Pages Land event, within 72 hours affer deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Baltimore c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5228 Cromarty Road St. Joseph Hospital YES | NO X NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED Baby Strong July 19 67 Boy (Type or print) DEATH S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours white 7-8-67 Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRYS .A. Baltimore Co.. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Robertson, Dolores . S .. Richard B. Strong 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT permit. Mother - Dolores Strong - same burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Immaturity IMMEDIATE CAUSE (o) Poge 4 moy be retained by the hospital or ottending physicion. **DUF TO** Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse os the **DIRECTOR:** After this certificate has been as 3 should be detached for use os the (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) , page 3 should be detached for use be filed with the State Dept. of Health YES T NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While ot work ot work 19 67, ta 1967, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 7-8-19 67, and that death occurred at4: \$50 M, fram couses and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 7-8-67 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL 7620 York Road, Baltimore, Md. 21204 NAME (Type) Jose A. Aguto, M.D. director, p 23c. NAME OF CEMETERY OR CREMATORY
Meadowridge Cemetery 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) Md. (County) (Stote) 7-12-67 9 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Charles 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

09328 09324 Heath. the death certificate be executed within 24 hours after death funerol | 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Baltimore Baltimore MARYLAND Maryland odes b. CITY OR TOWN (If outside carparate limits, write RURA) and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) BXXKXXXXXX KXKXX KXKXXXXXX Catonsville e IS RESIDENCE ON A FARM? = d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS within 72 filled 00 1209 Camberwell Rd. 1209 Camberwell Rd YES NO Don NAME OF Middle 4. DATE Manth First Day Year ond completely Helen. DECEASED (Type or print) XXXXXXX V. Sullivan DEATH July. remave car 19 67 SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Days Haurs 9-3-1898 WIDOWED DIVORCED Female White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign cauntry) 12. CITIZEN OF WHAT physicion o U.S.A. INDUSTRY and Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Sullivan Donnelly John Marv IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service Mr. Edgar Schmanske, 1209 Camberwell Rd, buriol, cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY ATTENDING PHYSICIAN: The low requires that DISSECTIALL IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO BNEVRYSM Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause 159 mge lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur 'a.m. factory, street, affice bldg., etc.) at work ot work \_\_, 19.6-7, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1965, 10. 1967, and that death accurred at 57 2 cm, from causes and an the date stated above. FUNERAL DIRECTOR: saw the deceased olive on-220. SIGNATURE 22b. DATE SIGNED **ATTENDING** director, page 3 should be filed v M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. John Shaw 5800 Edmondson Ave. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVALIS PREGITALT New Cathedral Cemetery Baltimore, Maryland 7-20-1967 0

**ADDRESS** 

Howard H. Hubbard 4107 Wilkens Ave. 21229

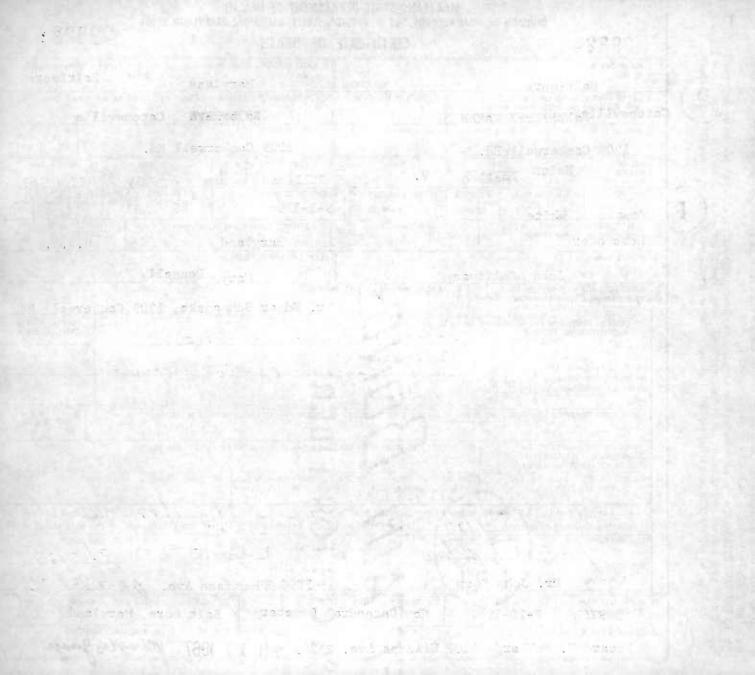
2Sb. REGISTRAR'S SIGNATURE

Micharles

2Sa. REC'D BY REGISTRAR

PATE

VR A15 (4) 25M 1/67 24. FUNERAL DIRECTOR



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. 2		E OF DEATH	09326
	1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. <b>USUAL RESIDENCE</b> (Where deceased lived, if institution: R o. STATE	esidence before odmission)
nin 24 haurs affectded filled in by the funera papers. Pages I and thin 72 haurs affer deat	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Randalls town:	c. CITY OR TOWN (If outside corporate limits, write RURAL or	13-1
in 24 ho filled in papers. hin 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Balto. County Les Beneral	d. STREET ADDRESS 1928 Dunhill Villey	Circle is residence ON A FARM? YES NO
e executed withing and campletely fine remaye, carban in any event, with	3. NAME OF DECEASED (Type or print) CSEPH First Middle SEPH S. SEX 6. COLON OR RACE 7. MARRIED NEVER MARRIED	Lost 4. DATE OF OF DEATH  8. DATE OF BIRTH 31 1896 9. AGE (In years IFU	Doy Year  19 4 7  NDER I YEAR   IF UNDER 24 MRS.
ond cam	MIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS, QR. 2017	May NAMMARIAN 71 MAMAN'S. Mor	12. CITIZEN OF WHAT
ertificate be physician c nen please iaval, and ii	during most of working life, even if retired)  13. FATHER'S NAME  OR CONT  MANAMAMM BUILDIN	AUSTRIA  14. MOTHER'S MAIDEN NAME	COUNTRY?
ne death certi attending ph permit. Then ian, or remav	(Ver an arrival married 1/16 reso singular an datas of complex)	INFORMANT Address	
equires that the death certificate be exe physician. signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, or remaval, and in any	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	Hospital Necord	INTERVAL BETWEEN ONSET AND DEATH
equires that th physician. signed by the burial-transit I burial, cremati	4200 IMMEDIATE CAUSE (o) DUE TO	Heart farere	YEARS
The law requires the attending physician, has been signed by se as the burial-traith priar ta burial, cre	rise to immediate couse (a), stating the underlying couse last.	i I teach Disease	YEARS.
AN: The law rall of an attending icate has been for use as the Health prior ta	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
<b>G PHYSICIAN</b> the haspital of this certificat detached far e Dept. of Hec	GR CONTRIBUTING CAUSE OF DEATH	(Enter noture of injury in Port I or Port II of item 1B.)	1
JING PHYSICI by the haspit (fer this certif be detached State Dept. af	Hour o.m. 19 While Not While of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)  20f. (City or town)	(County) (Stote)  , 19 6 / that (1) (we) lost
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs be retained by the haspital or attending physician.  DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pa ed with the State Dept. af Health priar ta burial, crematian, or remayal, and in any event, within 72 haurs	21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 19 7, and the 220. SIGNATURE	de deoth occurred of 330 M, from causes ond	
AL OR on be re on be	22c. PHYSICIAN'S	A.D. ATTENDING MED. STAFF DIRECTOR PHYS. D	7-4-6+
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		(County) (Stote)
Q Q Q S S VR A15 (4) 20 M 1/66	24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 196-25b. REGISTR	AR'S SIGNATURE
VV	SOL LEVINSON & BROS. INC., 6010 REIST	, No.	

SECRETARY TO A SECRETARY OF THE SECRETARY SECRETARY. A THE LINE WAY THE PROPERTY OF er death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 shauld be detached for use as the burial-transit permit. Then please remove corban pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after degiter. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay TO HOSPITAL OF

VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

093	23	CERTIFICA	TE OF DEATH	MORE I, MARTEAND	09327
	Baltimore	MARYLAND	Maryland	ere deceased lived. If institution b. COUNTY	ltimore
Towson	WN (If autside carporate limits, write give pearest town)  Baltimore Co.	c. LENGTH OF STAY IN 16	Baltimore	utside corporate limits, write RU	RAL and give nearest town)
d. NAME OF F OR INSTITU	HOSPITAL (If not in hospitol, give street TION Armacost Nursin		d. STREET ADDRESS	rs Forge Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MARV	R Middle RENSO	Lost	4. DATE Month OF DEATH	
5. SEX Female	6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH Dec. 29, 1892	lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
during mast a	JPATION (Give kind of work dane 10b. of working life, even if retired)  maker	KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (Stole of	E. Mo	12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASI	Geo. M. Benson ED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.		nia Stevens	555
	(If yes, give war or dates of service)  OF DEATH [Enter only ane cause per li  I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).	John R. Suft	con, Jr-221 Rod	Igers Forge Rd. INTERVAL BETWEEN ONSEL AND DEATH
gove rise couse (o), st lying couse		Longrad X	Enel Vax	enlar De	en et
CATIC	I. OTHER SIGNIFICANT CONDITIONS		ED. (Enter noture of injury in P		PERFORMED? YES NO
G (IF EITHER, N	UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)				
20c. TIME OF Hour		Not while f	PLACE OF INJURY (Home, farm, actory, street, affice bldg., etc.)	20t. (City or town)	(Caunty) (Stote)
	y that (1) (this haspital) attended		hill hill	M, from the causes and	d an the date stated above.
22c. PHYSICIA NAME (T	Modes To	Tonfill	M.D. ATTENDING DIR	PHYS. [	7/1/Gylo
	Charles F. O		7501 York		
Burial	MATION, 23b. DATE THEREOF 7/18/67	23c. NAME OF CEMETERY  Druid Rid  ADDRESS	ge Cem.	23d. LOCATION (City, tawn, or	r county) (State)
	-Wiedefeld Home,			1 9 1967 25b. FEGISTRAR 25b.	ionles judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09329 within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) funeral and b. COUNTY Balto. Balto. Maryland MARYLAND Within 72 haurs after b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neares Randallstown give negrest town) 8 Mo. Randallstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3803 Collier Road 3803 Collier Road NO YES 3 NAME OF 4. DATE First Middle Last Month Day Year carban DECEASED Paul Sutton July 19 67 3 DEATH (Type or print) The law requires that the death certificate be executed IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS. B. DATE OF BIRTH S. SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months March 6, 1920 Male White WIDOWED DIVORCED rem pup 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done physician a UCOUNTRY? during most of working life, even if retired)
Benefit Examiner INDUŞTRY\_ Cordova, Maryland Social Security 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar removal, Bessie Briddell John W. Sutbon (Yes, no, or unknown) (If yes give wor or dotes of service) 218-09-6325 17. INFORMANT 3803 Colliter Road permit. Mrs. Doris Sutton Randallstown, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (o). DUF TO stoting the underlying cause prior to as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION of Health · NO V 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While Hour o.m. factory, street, office blda., etc.) ot work FUNERAL DIRECTOR: After , 19 65 , to , 1965, that (I) (we) los 21. I certify that (I) (this haspite) ottended the deceased from. 19 67, and that death occurred at 5 AM, fram couses and on the date stoted obove sow the deceased alive an. 22b. DATE SIGNED 220 SIGNATURE ATTENDING STAFF PHYS. director, page 3 should be filed v M.D. DIRECTOR PHYS 22d. ADDRESS Ronald Berger, M.D. Md. Balto. PHYSICIAN'S NAME (Type) 21207 Liberty Rd. 23c. NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park 23d. LOCATION (City or Town) (County) (State)
Salisbury, Wicomico Co. Md. 23o. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09330 CERTIFICATE OF DEATH deeth. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY papers. Pages 1 BALTIMORE MARYTAND MARYLAND b. CITY OR TOWN (if autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) FORT HOWARD L DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STRFFT ADDRESS e. IS RESIDENCE ON A FARM? filled 580 WEST BIDDLE STREET VETERANS ADMINISTRATION HOSPITAL YES NO D NAME OF carbon First Middle Lost 4. DATE Month Doy Year completely DECEASED OF DEATH TALLIE 19 67 JULY GEORGE EMANUET. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remave n any ev last birthdoy) Months Dovs Hours WIDOWED DIVORCED and in any MATE NEGRO and 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
ENTERTAINER 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY INDUSTRY attending physician permit. Then please SHOW BUSINESS CULPEPPER, VIRGINIA U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayol. BEILE PARKER GEORGE TALLIE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 294 12 97 99 CDINICAL RECORDS, VAH. FT. HOWARD, MD. YES MIN crematian, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY PNEUMONIA IMMEDIATE CAUSE (o) 4 may be retained by the hospital or attending physician. DUE TO burial. Conditions, if ony, which gove ARTERIOSCIOROTIC HEART DISEASE YEARS rise to immediate couse (o), DUE TO stoting the underlying cause lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has af far use NO N certificate 2Do. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e. PLACE OF INJURY (Home, form, 2Df. (City or town) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED (County) Hour 'o.m. foctory, street, office bldg., etc.) Not While ot work ot work JUNE 29, 1967, to JULY 3, 1967, that (We) last 21. I certify that XX (this haspital) attended the deceased from\_ saw the deceased alive an JULY 3. 1967 and that death accurred of 7:35PM, from causes and on the date stated above. FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR PHYS. PHYS 22c/ PHYSICIAN'S 22d. ADDRESS NAME (Type) MUSTAFA H. ADATEPE, M.D. VA HOSPITAL, FORT HOWARD, MARYLAND directar, 0 shaul 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) (Stote) REMOVAL (Specify) 7/7/67 Baltimore Baltimore National Maryland 0 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1200 W. North Ave. VR A15 (4) 25M 1/67 DATE Balto, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

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S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED   8	DATE OF BIRTH	9. AGE (In years	IF UNDER 1	YEAR   IF UNDER 24 HRS.
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MEDICAL	20c. TIME OF INJ	MEDICAL EXAMINER)  URY Manth, Day, Year	20d. II		E OF INJURY (Hame, farm		(Caur	nty) (State)
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	saw the d	eceased alive an_7	7/20	19 <u>67</u> , and that	deoth occurred at	:10pM, from causes	and on the	e dote stated abov
	220. SIGNATURE	1 /1/2	200		ATTENDING	MED. STAFF DIRECTOR PHYS.	1	TE SIGNED
	22c. PHYSICIAN'S	1 00-37	-	M.D	PHYS. 22d. ADDRESS	DIRECTOR PHYS.	7	
	NAME (Type	Jaime (	ingzon	, M.D.	EZG. ADDRESS			
2	3a. BURIAL, CREMAII	ON, 23b. DATE TH		23c. NAME OF CEMETERY OR C	REMAJORY	23d. LOCATION (City or To	wn) (	(County) (State)
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1	24. FUNERAL DIRECT	OR / /	10	ADDRESS / 1006	25a. REC'D		GSTRAR'S SIG	GNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09332 CERTIFICATE OF DEATH degth OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY hours after MARYLAND by the Pages c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) TOW papers. Thin 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Pled NO NO 3. NAME OF 4. DATE First, Middle Manth Day Year DECEASED OF DEATH 196% (Type or print) 9 event. S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED remave birthday) Haurs X and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most af working life, even if retired) COUNTRY? **INDUSTRY** 13. FATHER'S NAME MOTHER'S MAIDEN burial, crematian, ar remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT permit. (Yes, na, or unknown) (If yes give war or dates af service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove (b) rise ta immediate cause (a), DUE TO stating the underlying cause as the has been last (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) directar, page 3 shauld be detached far use shauld be filed with the State Dept. of Health NO this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) While Nat While O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram JUL 19 67 to JULY \_\_, 19 6 1 that #) (we) last 1967, and that death accurred at 12:50 M, fram causes and an the date stated above. saw the deceased alive an TU 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. & DIRECTOR M.D. PHYS. 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) Buria I 7-11-67 Baltimore Cemetery Baltimore. Md REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR nl 2Sa. REC'D, BY REGISTRAR VR A15 (4) 25M 1/67 DATE

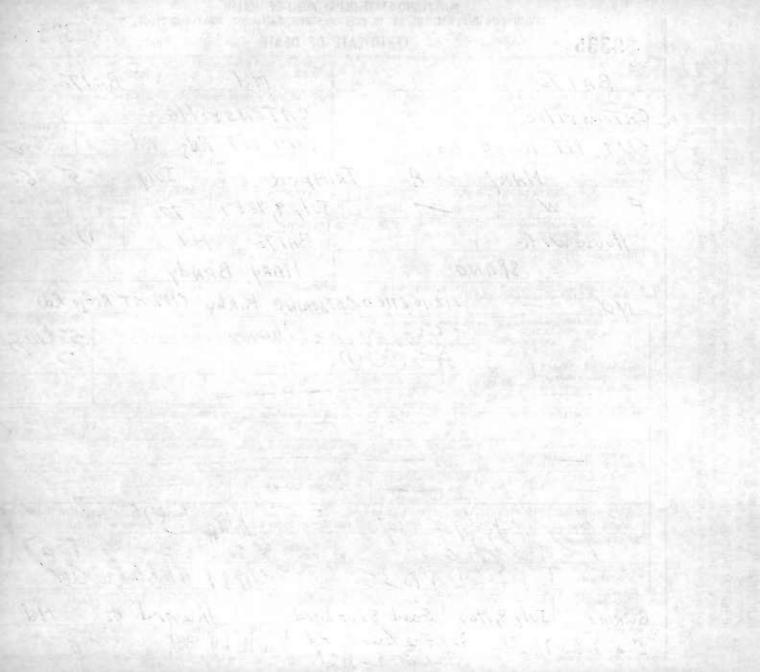
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09334 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATEM PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE Baltimore Maryland Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 12 Years Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE farm ON A FARM? 8534 Kavanagh Road 8534 Kavanagh Road NO X in Item 18. Give Poges This certificate should be executed within 24 hours after death. Sta Office along with 3. NAME OF First Middle Lost 4. DATE Month Year Doy DECEASED 19 67 Trianosky July John N. (Type or print) DEATH S. SEX 6. COLOR OR RACE IF LINDER 24 HRS DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 61 birthdoy) Months Hours 1/19/06 Male White event within 72 hours ofter deoth. DIVORCED WIDOWED 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if retired Security Administration U.S.A. Pennsylvania word "pending" in pencil in the Chief Medical Exominer's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Trianosky Anna Danko 17. INFORMAN(Wife) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Ad Dundalk, Md. (Yes no, or unknown) (If yes nive wor or dotes of service) 160-03-2416 Mrs. Blanche Trianosky, 8534 Kavanagh Rd. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) pleose execute the certificate, writing the word director. Page 4 should be forwarded to the Ch DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY or removal, PERFORMED? NO oc pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW. MURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. crematian, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Not While ot work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection ... Inquiry X, ond in my opinion deoth resulted from: Notural causes X Accident Homicide Undetermined monner Suicide . 5 may be retaine TO FUNERAL DIRE Health prior to b CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X 6800 Mornington Rd. **EXAMINER'S** Melvin B. Davis M. D. Address (Street, city, town, or county) Dundalk. Md. 21222 NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) Burial (Specify) 7/6/67 Holly Hill Mem. Gardens Cem. Baltimore, Md. VR A15ME (5) John J. Duda, 7922 Wise Ave. Dundalk, Md. 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09335 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Poges b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) rs. Pog ond give neorest rown) CATONS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS paper filled i within YES NAME OF Middle DATE Lost Year Dov completely DECEASED OF DEATH 196 9 (Type or print) S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours in any DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY ond 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo SPANO WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service 19 MT. RIDGO Rd 212-10-6716 crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH (b), ond (c).) signed by the IMMEDIATE CAUSE (o) the hospitol or attending physician. DUE TO burial, Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO for use as the b Health prior to b stoting the underlying couse this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) factory street office bldg. etc.) Hour a.m at work TO FUNERAL DIRECTOR: After be retoined by 21. I certify that (I) (this hospital) attended the deceased fram Maram causes and and that death accurred at on the date stated above sow the deceased alive an 22o. SIGNATUR DATE SIGNED ATTENDING DIRECTOR PHYS director, poge 3 should be filed v M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS O HOSPITAL NAME (Type) 23o. BURIAL, CREMATION OF CEMETERY OR CREMATORY 23d. LOCATION DATE THEREOF (County) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Charles

VR A15 (4) 25M 1/67



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fer death funeral frer death	1. PLACE OF DEATH a. COUNTY Baltimore  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence beautiful and state of the s	_ /
by the Pages oursaft	b. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Lutherville  c. CITY DR TDWN (If outside carparate limits, write RURAL and give nearest tawn) Baltimore	24
within 24 hours lely filled in by bon papers. Per within 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  College Manor  d. STREET ADDRESS  Cecil Apts.	e. IS RESIDENCE ON A FARM? YES NO
pa ed b	DECEASED (Type or print) ELANOR JUST'S TYLER OF DEATH JUST'S, S. SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YE. lost birthday) Months I Do	
physician and compension physician and compension and in any every oval, and in any every	10a. USUAL OCCUPATION (Give kind of wark dane during most ptworking life, even if retired)  10b. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, ar fareign country) INDUSTRY  11. BIRTHPLACE (County & State, ar fareign country) INDUSTRY  12. CITIZET COUNT	N OF WHAT
n certific ng phys Then p emoval,	James E. Tyler Ida Hamer	STATE OF
ne death cer attending p permit. The	(Yes no, ar unknown) (If yes give war ar dates of service) 220-44-4690 Mr. J. Edward Tyler Maryland	INTERVAL BETWEEN
at the the usit	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TD  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TD	ONSET AND DEATH
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or attending physician DIRECTOR: After this certificate has been signed by pe 3 should be detached for use as the burial-trailed with the State Dept. of Health prior to burial, cre	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.   Column   Col	Who s
PHYSICIAN: The law rithe hospital or attending this certificate has been etached for use as the Bept. of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or 5 FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Heal	20c. TIME OF INJURY Manth, Day, Year Haur a.m. 19 20d. INJURY OCCURRED While at work at work at work at work  20d. INJURY OCCURRED While at work  20d. INJURY OCCURRED Flace OF INJURY (Hame, farm, factory, street, affice bidg., etc.)	
rtenbli	21. I certify that (1) (this hospital) attended the deceased from 1967, 1967, to 1860, 1967, sow the deceased alive on 1967, and that death occurred at 11 A.M., from causes and on the	
OR AL DIRECTOR DIRECTOR Je 3 sh led with	M.D. PHTS. NO DIRECTOR DIPHTS.	3-67
TO HOSPITAL OR ATTENDING Page 4 may be retained by 1 TO FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the State	22c. PHYSICIAN'S NAME (Type) Dr. Richard Gundry 22d. ADDRESS 2 W. University Pkwy.	
TO HO Page To FUN direct should	Burial 7-5-67 Druid Ridge Pikesville, Md.	
VR A15 (4)	24. FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Rd. Baltimore, Md. 21212	

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10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 bours after death.

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VR A15 (4) 25M 1/67

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09333

## CERTIFICATE OF DEATH

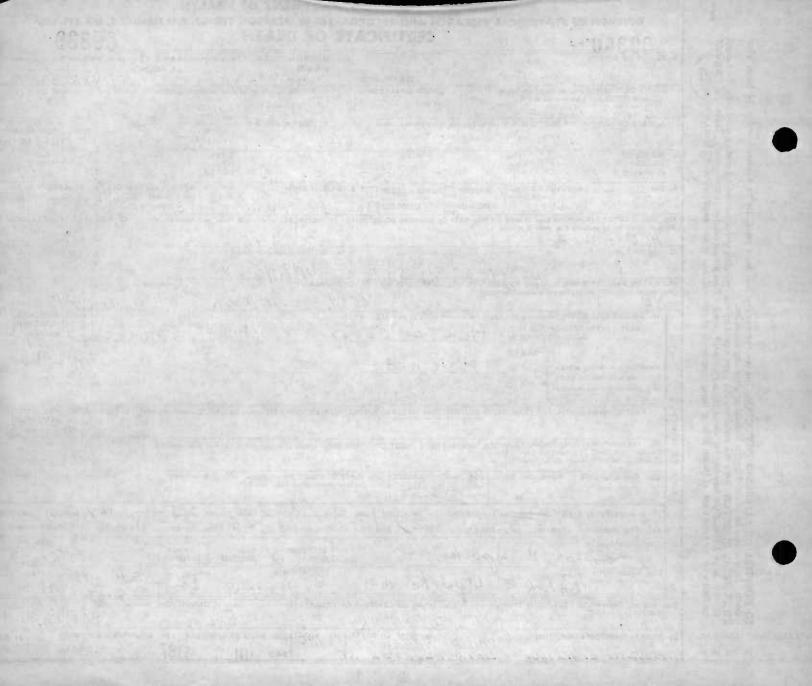
09333

1. PLACE OF DEATH  o. COUNTY  BALTIMORE  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) a. STATE b. COUNTY BALTIMORE							
b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)							
FORT HOWARD 91 DAYS	DUNDALK							
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS J e. IS RESIDENCE							
VETERANS ADMINISTRATION HOSPITAL	20 MOBILE COURT ON A FARM? YES NO X							
3. NAME OF First Middle DECEASED (Type ar print)  LACY JOHN	Last 4. DATE Manth Day Year OF JULY 27 1967							
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years   IFUNDER ) YEAR   IFUNDER 24 HRS.							
MALE WHITE WIDOWED DIVORCED	2/28/98 Jast birthday) Months Days Haurs Min.							
10a. USUAL OCCUPATION (Give kind of work dane during most of working life even if retired)  PTPTTTTR  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, ar fareign country)  CHANCE, MARYLAND  12. CITIZEN OF WHAT COUNTRY?  U.S. A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
JOHN T. TYLER	ELLA JONES							
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Ver no or unknown) Life and give year of dates of conics)	17. INFORMANT  LINICAL RECORDS, VAH, FT. HOWARD, MD.							
Conditions, if any, which gove rise to immediate cause (a),	TERAL, ASPIRATION, UNDETERMINED ON THE PROPERTY DEATH OF THE PROPERTY OF THE P							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?							
OR CONTRIBUTING CAUSE OF DEATH	YES NO RED. (Enter nature af injury in Part I or Part II af item 18.)							
20c. TIME OF INJURY Month, Doy, Year Hour o.m. 19 While at wark at war	PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)  20f. (City or town) (Caunty) (State)							
21. I certify that (this haspital) attended the deceased fram saw the deceased alive an JULY 27, 1997, and	that death accurred at 7:10PM, fram causes and an the date stated above							
22a. SIGNATURE  Lector Lector M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 7/28/67								
22c. PHYSICIAN'S NAME (Type) NEILON NEILSON, M.D.	VAH, FORT HOWARD, MARYLAND							
23d. BURIAL (REMATION, REMOVAL (Specify) Burial  23b. Date Thereof PALTO. NAT	IONAL CEMETERY BALTIMORE, MARYLAND							
24. FUNERAL DIRECTOR  ULLRIH FUNERAL HOME  2112 DUNDALK A	VENUE 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE AUG 1 1967 Hollands Judges							

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, I	MARYLAND
09340 CERTIFICATE OF DEATH	9339
a. COUNTY  BALTIMORE  MARYLAND  b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and	PORE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM
	Day Year
(Type or print) TEOFILA USTASZEWSKA DEATH JULY	2 1967 YEAR   IF UNDER 24 HR
F WIDOWED DIVORCED 5-30-1891 last birthday Months Months	Days Hours Min.
HOUSE WIFE  POLAND	ZEN OF WHAT COUNTI
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AC 4 to Congestive Heart Failure	INTERVAL BETWEEN ONSET AND DEATH 2 Ay S
Conditions, if any, which gave rise to immediate cause (a), stating the undarlying  DUE TO  ANEM 1 A  DUE TO	marks
	1(a) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Cou factory, street, office bldg., etc.)  p.m. 19 at work at work	nty) (State)
saw the deceased alive on 2 July 1967, and that death occurred at 30 km, from the causes and on the	
Ralph P. Typicke M.D. ATTENDING MED. STAFF PHYS. []  22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS	3 July 6
NAME (Type) RAIPLE. Updike MD. 31 Dogwood Dr Elli	y, Md.
BURIAL 7-5-1967 HOLY ROSARY CEM. BALTO.	MRYLAND
Sward I. We ber CIDES CHECKER ST DATE III 3 1967 Police	rles Judge
3	CERTIFICATE OF DEATH  PLACE OF DEATH  C. COUNT  MARYLAND  D. CITY OR TOWN (if outside corporate limits, with RURAL and with RURAL and give nearest lown)  A. THE STAMP OF ROSPITAL OR INSTITUTION (if not in hospital, give street address)  J. J. SEPH  First  MARYLAND  A. STREET ADDRESS  J. J. SEPH  MIDDREASED  (Type or print)  J. C. CITY OR TOWN (if outside corporate limits, with RURAL and with RURAL and with RURAL and give nearest lown)  MARYLAND  DEATH  MORE OF ROSPITAL OR INSTITUTION (if not in hospital, give street address)  J. J. SEPH  MIDDREASED  (Type or print)  J. C. CITY OR TOWN (if outside corporate limits, with RURAL and AND AND AND AND RURAL AND

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 09341 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STAT b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) STATION 4RNRTS d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION 205 YES NO NAME OF First Middle 4. DATE OF Month Day Yeor DECEASED (Type or print) DEATH 196 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Doys WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 0 HADOTE 13. FATHER'S NAME 14. MQTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 0 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a **DUE TO** Canditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO 20g. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while p. m ot work ot work 19\_\_\_, that I lost sow the deceased 21. I certify that I aftended the deceased from and that death occurred at AM, from the couses and on the date stated above. olive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S registrar NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) A 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09341 FOR STA HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY delay is and 3 ta Page BALTIMORE Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside carporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PM3. write RURAL and give nearest town) Paarkville Parkville direct IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) farm 9300 Corney Road 9300 Corney Road Give Pages YES NOX This certificate shauld be executed within 24 haurs after death. alang with 3. NAME OF Middle 4 DATE First Lost Dov Year DECEASED WILLIAM (Type or print) WALLACE DEATH July 67 IF LINDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED V NEVER MARRIED birthdoy) Months Dovs Hours in Item 18. White Male 8-21-25 WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Alabama. Cemetery USA within 72 hours aft 13 FATHGARAR taker in pencil i 14 MOTHER'S MAIDEN NAME George F. Wallace Dollie \*\*\*\*\* 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dotes of service 17 INFORMANT 16. SOCIAL SECURITY NO. Address the Chief Medical Yes WW2 Family Records INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH event Arteriosclerotic heart disease e, writing the ward farwarded to the Ch DUE TO ony Conditions, if ony, which gove rise to immediate cause (a). = DUE TO stoting the underlying couse pub 19. WAS AUTOPSY PERFORMED? or removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) please execute the certificate. YES X NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY OF CONTRIBUTING CAUSE OF DEATH cremotian, 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City ar town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) may be retained tar yaur FUNERAL DIRECTOR: Page Not While ot work ot work 21. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection Inquiry ond in my opinion Noturol causes Accident Suicide Homicide deoth resulted\_from: Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. **EXAMINER'S** July 7, 1967 Health NAME (Type) Address (Street, city, town, or county) 230. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 50 Burial (Specify) 7/10/67 Parkwood Cem. Balto Md 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15ME (5) C.F. EVANS & SON 8802 Harford rd. 6M 1/67

1000 HD 25 CENTED TO A STORE STORE SAFERE THE STATE OF THE S Witnesses 51100 Yes abdrass white a contract to the second District County of April 1989 The County of Buriat PANA Parkwood Nem. LOC. E. EVANG. & JON 8802 HUTTOFF L. V. MARYLAND STATE DEPARTMENT OF HEALTH

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X	FOR STATES		00344			AL EXAMINER'S				09	343
	HEALTH DEPTY!		PLACE OF DEATH O. COUNTY BALT	IMORE		MARYLAND	2. USUAL RESIDENCE o. STATE Mar	(Where deceosed yland	l lived, if institutio b. COUNT		-
	f any delay is 1, 2, and 3 ta m PM3. Page Department of		b. CITY OR TOWN (If outside write RURAL and give ned Jarrettsville	e Pike, S	Sunnybr		Balto, XX				Y YOK
	n 'u		d. NAME OF HOSPITAL OR INS		n hospitol, give	e street oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
		_	Jarrettsville				3701 Milf				YES NO X
	P		NAME OF DECEASED (Type or print)	First MARY		Middle SHIRLEY	Lost WATT	4. DATE OF DEATH	Month July	Doy	, 167
	within 24 haurs after n pencil in Item 18. Giy Examiner's Office alang File pages 1 and 2 with thours after death.	5.			MARRIED X		B. DATE OF BIRTH 6-18-1932		AGE (In years last birthdoy) 35 yrs.	Months Doys	Hours Min.
	24 haurs in Item 1 r's Office ss 1 and 2 offer death	100	. USUAL OCCUPATION (Give kin ing most of working life, even	nd of work done		O OF BUSINESS OR	11. BIRTHPLACE (Sta			12. CITIZEN OF COUNTRY?	WHAT
	24 in lin es les la afte	C.	lerk				Baltimo			USA	
	rhin mine pag urs		FATHER'S NAME				14. MOTHER'S MAIDEN		-1		
	wit xar File		Raymond B.I		1/ 50	CIAL SECURITY NO.   17.	INFORMANT	Stenge	Addres		
	cuted ng" ir dical I rmit.	(Ye	WAS DECEASED EVER IN U.S. A es, no, or unknown) (If yes giv NO	ve wor or dates of se	ervice)		lliam Watt	-Oaklar			e, Maryl
	should be executed within 24 haurs is ward "pending" in pencil in Item 18 to the Chief Medical Examiner's Office of buial-transit permit. File pages I and 2 viany event within 72 hours after death		1B. CAUSE OF DEATH (Ent PART I. DEATH WAS C	CAUSED BY: AMEDIATE CAUSE (0)		Fatty/metamor		jvet/		INT	ERVAL BETWEEN SET AND DEATH
	ward ward the ( rial-t	1	Conditions, if ony, which g	DUE TO	Ac	ute pancrea	titis				
	This certificate should icate, writing the ward be farwarded to the Ch I be used as a burial-tra remaval, and in any ev		rise to immediate couse stating the underlying co	(o), ( DUE TO					-		
	ficate fing tring		lost.	(c)							
	This certinate, writh the farwar be used remayal,	NO				DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN	IN PART 1(o)	19.	WAS AUTOPSY PERFORMED?
	his ate, be to be u	S				of liver				1	ES K NO
	INER: This certificate slee certificate, writing the should be farwarded to files.  3 shauld be used as a bu tian, ar remaval, and in c	L CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTIN CAUSE OF DEATH.			RIBE HOW INJURY OCCURRED.					
	MEDICAL EXAMINER: This please execute the certificate, director. Page 4 should be faretained far yaur files.  DIRECTOR: Page 3 shauld be us to burial, cremation, ar remain to burial, cremation, ar remains.	MEDICAL	20c. TIME OF INJURY Mon Haur o.m. p.m.	nth, Doy, Yeor 19	20d. INJU While of work	Not While for	ACE OF INJURY (Home, fo tory, street, office bldg., et	rm, 20f.	(City or town)	(County)	(Stote)
	L EXA cecute Page far yau R: Pagi		21. I certify that	I taak charge o	af the rema	ins described abave, h	eld an Autapsy 🛛	, Inspectiar	n 🔲, Inqui	ry 🔲, and	in my apinia
4	ectar. Period farmined far RECTOR		death resulted from	n: Natural	causes X	, Accident 🔲, Sui	cide 🔲, Hamicic		determined ma	nner 🗌	
	JIY MED Ty, please eral direct be retains RAL DIRE		ACTUAL SIGNATURE	Is J.	di	-rat		AL EXAMINER [ EDICAL EXAMINER	X		22. DATE SIGNED
	o DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page Health prior to burial, cremark	19	EXAMINER'S Char	rles S. S	Springa	ate, M.D.		ICAL EXAMINER eet, city, town, or		July 7,	1967
	necessar the fune 5 may b O FUNER Health p	230	D. BURIAL, CREMATION,	23b. DATE THERE	OF	23c. NAME OF CEMETERY OR	CREMATORY		ATION (City or Tow		
	To The		Burial (Specify)	7-11-19	67	Balto Nationa	al Cemeter	y   Balt	imore,		
	VR A15ME (5)	117	FUNERAL DIRECTOR	7800 T :1	onts: L	ADDRESS Ights.Avenue	2So. RE	C'D BY REGISTRA	67 25b	SISTRAR'S SIGNATU	udge.
	6M 1/67	Die	user mactor	FOOD TIP	erry L	ignes. Avenue	DATE				

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DIVISION OF VITAL RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201

	09345			CERTII	FICATE	OF DEATH			09	34	1	
	PLACE OF DEATH o. COUNTY B:	altimore		MAR	YLAND	2. USUAL RESIDENCE o. STATE	(Where deceo	sed lived, if institut b. COU	NTY		e odmissie unde	
	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)			c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If autside corporate limits, write RURAL and gi						
	d. NAME OF HOSPITA	d. STREET ADDRESS  e. IS RESIDEN ON A FARM						DENCE				
		rove State				None					YES	
	NAME OF DECEASED (Type or print)	Fir	llie	Middle Mae		lost Webb	4. DATE OF	July.2		Doy		or 67
S.	SEX Female	6. COLOR OR RACE White	7. MARRIED [	NEVER MARRIE		DATE OF BIRTH 11-10-94		AGE (In yeors birthdoy)		Doys	IF UNDER Hours	
luri	ing most of working li Nurse (Pr	Give kind of work done fe, even if refired)	10b. KIN	D OF BUSINESS OR USTRY		11. BIRTHPLACE (County  Missour:	i			ITIZEN OF OUNTRY?		
13.	3. FATHER'S NAME  John Hartzell  Maggie Hooper											
15. (Ye	WAS DECEASED EVER es, no, or unknown) (	Hartzell IN U.S. ARMED FORCES? If yes give wor or dotes of	16. So 21	OCIAL SECURITY NO. 9-54-3465		records: Spr		Addr		pita	1	
	Conditions, if ony, nise to immediate stating the underlost.	couse (o), ying couse DUE	(o)	SCV (	0					ON	ERVAL BET SET AND I	DEATH
CENTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO-  2Do. ACCIDENT WAS UNDERLYING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Part II of item 18.)										ED?	
MEDICAL	-	Y Month, Doy, Yeor	20d. INJ While of work	URY OCCURRED  Not While of work		E OF INJURY (Home, for ory, street, office bldg., etc		(City ar town)	(Co	ounty)		(Stote)
	21. I certify that (*) (this haspital) attended the deceased fram March 11, 19 67, to 7/29, 1967, that (I) (we) la saw the deceased alive on 29 1967, and that death accurred at 50 PM, fram causes and an the date stated above											
	220. SIGNATURE Obcil Fisher  M.D. ATTENDING MED. DIRECTOR STAFF PHYS. 22b. DATE SIGNED DIRECTOR DIRECTOR PHYS. PHYS. 22c. PHYS(CIAN'S NAME (Type) Robert Fisher  M.D. ATTENDING MED. DIRECTOR PHYS. PH										7	
	remation	23b. DATE THE	REOF 67	23c. NAME OF CEM	ion 1	rematory .	23d. LC	CATION (City or To	wn)	(County)	) (5	itote)
	FUNERAL DIRECTOR		ME				D BY REGISTS	RAR 2Sb. Ri		SIGNATUR		4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages V and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any evert, within 72 hours after death. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

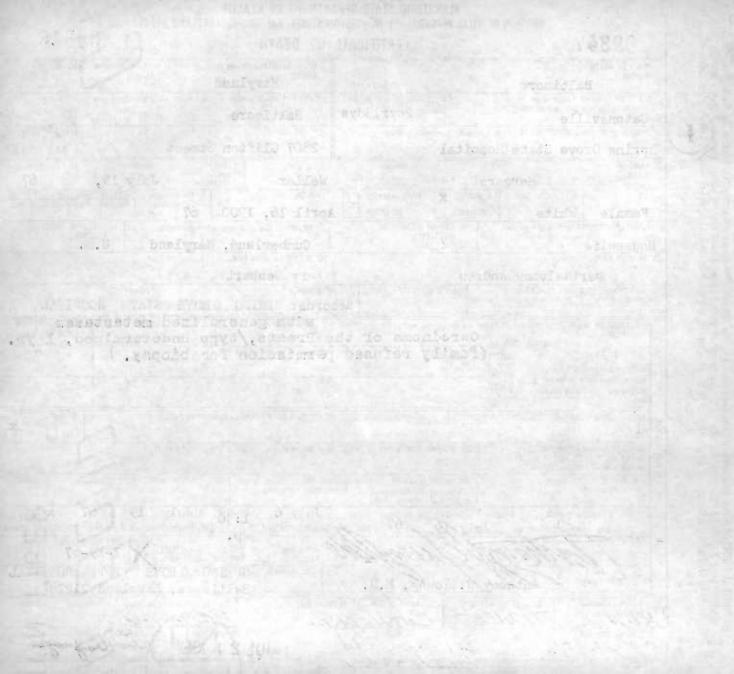
Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09346 09345 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) gub Baltimore b. COUNTY filled in by the fune papers. Pages 1 a thin 72 haurs after d Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 1b Baltimore 21204 Towson d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? and campletely filled remove carbon pape 353 Eudowood Lane St. Joseph Hospital YES NO 3. NAME OF Middle Lost 4. DATE Month Dov Year DECEASED July 67 Baby Girl Weems (Type ar print) DEATH and in any event IF UNDER 1 YEAR IF UNDER 24 HRS. SEX NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED last birthday) Months Days Haurs July 21, 1967 Female Negro WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af wark dane during mast of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? physician Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal. Whye, Beatrice Marie Weems, James Stanley 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates af service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) burial-transit ONSET AND DEATH Intra-uterine pneumonia **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. DUF TO Premature rupture of membranes Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse (c) PEREORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) (City ar town) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) While at Wark at wark Haur 'a.m. factory, street, affice bldg., etc.) 19 67, to July 21, 19 67, that 4) (we) last July 14 21. I certify that XI) (this hospital) attended the deceased fram\_ O FUNERAL DIRECTOR: saw the deceased alive on July 21. 1967, and that death accurred at 9:50M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. July 21, 1967 X M.D. PHYS. DIRECTOR director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Lawrence Misanik, M.D. 7620 York Rd., Towson, Md. 21204 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d, LOCATION (City ar Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Milearles Judg

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09346 09347 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY o. STATE Maryland Baltimore MARYLAND ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 28yrl3dys Baltimore Catonsville d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? filled in 2807 Clifton Street Spring Grove State Hospital I NO I YES NAME OF First Middle last 4 DATE Month Year 3 DECEASED (Type or print) OF DEATH 1967 Weller July 19, Margaret IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED TO NEVER MARRIED birthdoy) Months Doys Hours April 16, 1900 Female White WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY Cumberland, Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, cremotian, or removol, Barthalomew Andrew Mary Neubart 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address STATE Records: SPRING GROVE HOSPITAL with generalized metastases at Between 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Carcinoma Carcinoma of the Breats,/type undetermined The by the hospital or ottending physician. DUE TO (family refused permission for biopsy.) Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse detoched for use os the e Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 2Do. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 19.38, to July 19 . 19 67, that \$6) (we) last 21. I certify that \*\*) (this haspital) attended the deceased fram. July 6 O HOSPITAL OR ATTEND Poge 4 may be retained sow the deceased olive on July 1001 , and that death occurred af M, fram causes and on the date stated above 22o. SIGNATU 22b. DATE SIGNED 7-19-67 DIRECTOR 22d. ADDRESS G ROVE STATE NAME (Type) Young, M.D. Baltimore, Maryland 21228 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION (County) (Stote) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09347 09348 CERTIFICATE OF DEATH deoth. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)

RURAL - TOWSON c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) days Baltimore I, and in any event, within 72 hau e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Greater Baltimore Medical Center 1741 Freedomway North YES NO TX NAME OF Middle 4. DATE First Month Lost Doy Year DECEASED (Type or print) FRANCIS HENRY WELSH 20 1967 DEATH July IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Doys Male White WIDOWED DIVORCED January 1, 1928 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? attending physician cermit. Then please INDUSTRY Packing Shipping Bendix Radio Carroll County, Md.

14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME buriol, cremotion, or removol, Welsh Grimes, Marv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Patient's History No 215-20-8171 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) Carcinoma of Lung by the haspital or ottending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stating the underlying couse last. (c) 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO K certificate ī 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased fram July 7, 1967, ta July 20, 1967, that (1) (we) last be retained saw the decemed alive an July 20. 19 67, and that death accurred all:00 M, fram causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. 7/20/67 DIRECTOR M.D. PHYS. directar, poge should be filed 22d. ADDRESS TO HOSPITAL Poge 4 moy b 22c. PHYSICIAN NAME (Type) John E. Adams, M.D. Greater Baltimore Medical Center 23c. NAME OF CEMETERY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Winfield Church Carroll 24. FUNERAL DIRECTOR ADDRESS 2So. Waltz Box 241 Sykesville, Md. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09348 09349 CERTIFICATE OF DEATH within 24 haurs after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Marvland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

TOWSON haurs aft c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Chesapeake Manor Nursing Home Lilli Roland Avenue NO NAME OF Middle First 4. DATE Month Year DECEASED Louise Wilhelm 1067 C. (Type or print) DEATH and in any event, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months W 7-18-1885 WIDOWED EC-EC DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Baltimore, Maryland
14. MOTHER'S MAIDEN NAME Operator Ret'd Mimeo-Graph 13. FATHER'S NAME burial, crematian, ar remaval, Unknown Rohleder 17. INFORMANT Address Balto., 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no\_or unknown) (If yes give wor or dates of service 220-30-5828 Mr. Charles R. Goldsborough 1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: line for (b), (b), and (c).) IMMEDIATE CAUSE (o) be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse last. WAS AUTOPS'
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 3 NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office blad., etc.) Hour 'o.m. certify that (1) (this hospital) attended the deceased fram and that death occurred at 2017 M. frain causes and saw the deceased alive an\_ an the date stoted obove. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF Page 4 may TO FUNERAL Dr. William G. Helfrich 5006 Roland Avenue 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) Cremation 7-12-67 Green Mount Crematory Baltimore, Md -& Sons Co. ADDRESS Tork Road Balto., VR A15 (4) 25M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09351 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland a. COUNTY b. COUNTY MARYLAND within 24 hours after TOWN (If outside Orporote limits, write RURAL and give fleorest town) b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b ban papers. Peg write RURAL and give nearest town filled in by e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) sy. Home d. STREET ADDRESS Hickory AUE. NO V YES  $\square$ completely fi NAME OF EARL DATE Month Day Year DECEASED OF DEATH 19 6 (Type or print) requires that the death certificate be executed S. SEX AGE (Myears IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED lost birthday) Months Doys Hours WIDOWED DIVORCED dup 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) burial-transit permit. Then please re burial, crematian, ar removal, and in COUNTRY? during most of working life, even if retired **JNDUSTRY** Hironaft 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME EZEA WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 83846969 (Yes, no, ar unknown) (If yes give war ar dates of service) 215-14-8787 Mrs. ANHAE. BELATION MAMILAND 2101 Underwood INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUF TO Conditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying couse director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Not While ot work at work , 19 1, that (I) (we) last 2). I certify that (I) (this haspital) attended the deceased from 6 19 67 ta and that deoth occurred of & A.M. from couses and on the date stated above. saw the deceased olive an. 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION. 23b. DATE THEREOF (County) BREMOVAL (Specify) Sh Stephens Cath, Ch. CEm. Bradshaw Poplto, Co. Mignifand July 15, 1965 250. REC'D BY REGISTRAR 198725b. 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Joseph William Foster BEI Air, Mandard

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09352 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Baltimore o. STATE Maryland b. COUNTY Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 10 Years Edgemere Edgemere d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM? 6400 Old North Point Road 6400 Old North Point Road YES NO K This certificate should be executed within 24 haurs after death. Ificate, writing the ward "pending" in pencil in Item 18. Grae Page NAME OF Middle DATE First Lost Doy Year DECEASED Edward Wojcik 10 19 67 Thomas July (Type or print) DEATH 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE IF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthday) Months 9/28/09 Male White DIVORCED X event within 72 hours after death WIDOWED 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane U. S. A. during most of working life, even if retired) Leary Co. Inc. Maryland d "pending" in pencil in Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Susan Strugale Edward Wojcik Edgemere, Md. 21219 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dotes of service) 216-10-7781 Mrs Theresa Bykowski, 6400 Old North Pt. Rd. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b) ond (c). PART I. DEATH WAS CAUSED BY: DISCASE ONSET AND DEATH IMMEDIATE CAUSE (o) writing the ward **ĐUE TO** 4 shauld be farwarded to the in any Conditions, if only, which gove rise to immediate couse (a), DUE TO stoting the underlying couse and 19. WAS AUTOPSY PERFORMED? remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO please execute the certificate, pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Epter nature of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH crematian, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of work Inspection X Inquiry X , and in my apinian 21. I certify that I took charge of the remains described abave, held an Autopsy may be retained far FUNERAL DIRECTOR: Natural causes ... Accident death resulted fram: Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior to 7/11/67 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X 6800 Mornington Rd. SIGNATURE **EXAMINER'S** o FUNER Health Address (Street, city, town, or county) Dundalk, Md. 21222 Melvin B. Davis M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b DATE THEREOF (County) Burial (Specify) 7/14/67 St. Stanislaus Cemetery Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15ME (5) 6M 1/67 John J. Duda, 7922 Wise Ave. Dundalk, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09352 09353 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 2, and 3 to PM3. Page o. COUNTY o. STATE b. COUNTY any delay is BALTIMORE Maryland BALTIMORE MARYIAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Sparrows Point d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A EARM? d. STREET ADDRESS farm be executed within 24 haurs after death. If in pending" in pencil in Item 18. Give Pages 1, 00 1125 Steelton Avenue Bethelhem Steel Company YES NO. Office alang with NAME OF Eirst Middle 4 DATE Month Lost Doy Year DECEASED and 2 with the GEORGE F. WOJCIK July 27, 19 67 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED birthday) Months Doys Hours death July 20, 1914 Male White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stole or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pages 1c any event within 72 haurs after Baltimore, Maryland Bethelhem Steel Steel Maker d "pending" in pencil in Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sophia Giza Paul Wojcik permit. File 17. INFORMANT 16. SOCIAL SECURITY NO. 1S. WAS DECEASED EVER IN U.S. ARMED EORCES? Address (Yes, no or unknown) (If yes give war or dotes of service) 216-01-7598 Paul Wojcik 1125 Steelton Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Crushing injuries of trunk IMMEDIATE CAUSE (o) .. MEDICAL EXAMINER: This certificate should please execute the certificate, writing the ward director. Page 4 shauld be farwarded to the Ch DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), ⊆ DUE TO stating the underlying cause Ď. and last. Q S 19. WAS AUTOPSY PERFORMED? remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO K 20o. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) 3 shauld Walked in front of Fork-lift truck and run over CAUSE OF DEATH. crematian, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 7:00 Hour XX While of work Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page 19 67 7-27 Sparrows Point Balt. foundry Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my apinian death resulted fram: Natural causes Accident X Undetermined monner Suicide . Homicide CHIEE MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X prior SIGNATURE funeral ro DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. July 28, 1967 Health NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION (County) 50 Burial (Specify) 7-31-1967 St. Stanislaus Baltimore, Maryland
REGISTRAR 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. ELINERAL DIRECTOR VR A 15ME (5) Lilly & Zeiler Inc. 1901-07 Eastern Ave. 1967 6M 1/67 Victoriles

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 09355 BAILO PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. STATE b. COUNTY b. CITY OR TOWN (If autside/carparate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) ALTO e. IS RESIDENCE ON A FARM? STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) NO YES NAME OF Middle DATE Manth Year Day DECEASED OF (Type or print) rose DEATH 16 19 IF LINDER 1 YEAR AGE (In years IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) Manths Davs Hours WIDOWED DIVORCED VIS. 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country COUNTRY? during most of working life, even if retired **INDUSTRY** HOUSE U11 13. FATHER'S NAMI MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no or unknown) (If yes give wor or dotes of service SAME INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Cucar Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year Haur o.m. foctory, street, office bldg., etc.) Not While ot wark at wark 19 67, that (1) (we) last 21. I certify that (I) (this hospita) attended the deceased fram. 1967 2, and that death accurred at 2:50 M, fram causes and an the date stated above. saw the deceased glive an 22a. SIGNATURE 226. DATE SIGNED PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23g. BURIAL, CREMATION BREMOVAL (Specify) HEBREW BALTO TRIENDS STID MI 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR **ADDRESS** Mcharley 20 SYLVAN S. LEWIS + SON, INC GARRISON

Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate shauld directar, page 3 shauld be filed v VR A15 (4) 20 M 1/66

requires that the death certificate be executed within 24 hours after death

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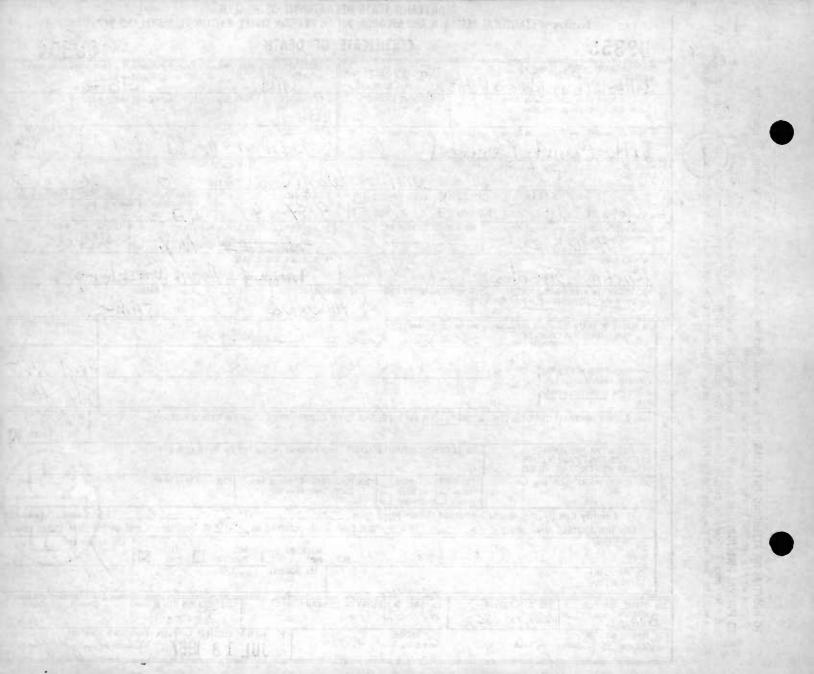
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physician.



MARYLAND STATE DEPARTMENT OF THEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00256 **FOR** in pencil in Item 18. Give Poges 1, 2, and 3 to

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

This certificate should be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

MEDICAL EXAMINER	CERTIFICATE OF DEATH
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
Baltimore MARYLAND	o. STATE Maryland b. COUNTY
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Owings Mills 16 years	Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENC ON A FARM
Rosewood State Hospital	3327 Forest Park Avenue YES NO.
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Doy Year
(Type or print) Joel Noah	ZILBER DEATH 7 19 19
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 6-13-429. AGE (In yeors   IF UNDER   YEAR   IF UNDER 24   Months   Doys   Hours   M
Male White WIDOWED DIVORCED	25 yrs.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Dependent none	Baltimore City, Md. U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Moyshe Zilber	Sarah Palees
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give war or dotes of service)  16. SOCIAL SECURITY NO. 17	INFORMANT Address
no – none F	osewood Records, Owings Mills, Maryland
iB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Necrotizing Ortho	static Pneumonia ONST AND DEATH
904'/ DUE TO	
Conditions, if ony, which gove itse to immediate couse (o),	1 Damage 27 days
stoting the underlying couse DUE TO	27 days
lost. (c) Fracture of Skull	
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	I PERFORMED?
Institutionalization due to Epilep	SY YES X NO
E OC   PRIMARY TO OT ( ON IRIBITING   )	D. (Enter noture of injury in Port I or Port II of item 1B.)
CAUSE OF DEATH. Fell in seizure	
20c. TIME OF INJURY Month, Doy, Year Hour o.m. 6 22 19 67 While Not While Professional Professio	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State
ADM. O ZZ 170/ of work L of work L ASW	d. St. Hosp. Owings Mills Balto. Md.
21. I certify that I taak charge of the remains described above, I	
death resulted fram: Natural causes , Accident x, Su	icide 🔲, Hamicide 🔲, Undetermined manner 🔲
ACTUAL S S & Alas	CHIEF MEDICAL EXAMINER
SIGNATURE D. D. Caples	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) D. D. Caples, M.D.	DEPUTY MEDICAL EXAMINER 4 Address (Street, city, town, or county) 7-20-67
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	
Cremation 7/21/67 London	or han Belter bel
24 FMNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Sol Juneer - Bus me Bead	19/1 DAYS 1 2 A 1967 Voliante Jusce

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ZWO BAT July 11, 1967 PLACE OF DEATH 4. USUAL RESIDENCE (Whore deceased lived, If institution; residence before admission) B. COUNTY TIMORE COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR Goddies & Schocotion) autside city limits, write RURAL and give township) INSTITUTION Foxleigh Nursing Home (If rural, give location) with etely 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (in years If Under 1 Yr. If Und Months: Days Hours COMO WIDOWED, DIVORCED (specify) lost birthdoy) The law requires that the death certificate be execut 5 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF PLACE (State or foreign country) WHAT COUNTRY? physician c 6. SOCIAL give wor or dotos of sorvicol WODOT the signed by the burial-transit **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that Page 4 may be retained by the hospital or attending physician. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, atc. It means the diseaso, injury or complication which coused death,) FUNERAL DIRECTOR: After this certificate has been rector, page 3 should be detached far use as the ANTECEDENT CAUSES DUF TO DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 22. I certify that (1) (this haspital) attended the deceased from that (1) (set saw the deceased alive an and that in (my) (out) apinion death accurred on the date and hour and from the couses stated above. (i) (We) (did) (did not) view the bady after death. 238. DATE SIGNED director, page Attending Med. Staff 23D. ADDRESS 23 C. PHYSICIAN'S 10 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) July 14, 1967 Balto National Fredrick Rd. burial VR A15 (4) 25M 1/67 Md.21139DDRESS 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 1967 Loring Byers 8728 Liberty Rd. Randallstown

